Nervous and Mental Disease Monograph Series.
No. 2.

# Studies in Paranoia

N. GIERLICH, M.D.
M. FRIEDMANN, M.D.



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# STUDIES IN PARANOIA

## PERIODIC PARANOIA AND THE ORIGIN OF PARANOID DELUSIONS

BY

DR. NIKOLAUS GIERLICH

WIESBADEN

## CONTRIBUTIONS TO THE STUDY OF PARANOIA

BY

DR. M. FRIEDMANN

MANNHEIM

TRANSLATED AND EDITED

BY

SMITH ELY JELLIFFE, M.D.

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# INTRODUCTION.

At the present time it is almost a commonplace to remark that no problem is so intricate as the paranoia question. For most, the time to quarrel over the meanings of the term itself has gone by. It is practically indifferent to modern students to know that Hippocrates used the term, at times, as synonymous with "dementia," at others, as a broad term to cover all "madness." We are not now interested in philological dissertations, weighty though they may be.

Only the student of the history of mental disorders is at all enrapport with the varying significance that has been attached to the word as a disease process. In each new generation new confines of mental activities are being investigated, newer methods of solving old problems are arising, refinements in modes of analysis with more sound syntheses are becoming the everyday routine of the student of mental disturbances with the result that for the paranoia concept, as more particularly outlined by Krafft-Ebing and his generation—and which has been our English model for many years—old lines are falling away, new boundaries are being run, and a radical rearrangement of the whole situation is manifest.

It is a significant fact that mental variation as a biological factor in disease processes is coming within the grasp of progressive alienists; fortunately such are becoming less and less interested in being able to attach labels to specimens and stick them away in their mental herbaria and are taking more vital impetus from the study of the processess and mental reactions themselves, independent of the names that may be attached to them. It is this tendency that is uppermost in the papers here presented; namely the endeavor to lay down general principles underlying the clinical pictures, rather than sterile discussions concerning classification. This is particularly noteworthy in Friedmann's paper, in which clear account is taken of the many-sidedness of personality.

One feature of both contributions is in line with the general trend of medical thought. This concerns the prognosis of certain mental disturbances which bear the paranoid character. It is clearly realized by all students that many recoverable conditions often show in certain phases of their evolution the true paranoid coloring; this is eminently true for certain alcoholic psychotic states and for the Kraepelenian group of manic-depressives, but both Gierlich and Friedmann bring into prominence the fact that certain diseased mental reactions which have heretofore been regarded as bearing the stamp of chronicity, are not infrequently recoverable, and although thought of as in the category of true paranoia, they may be considered as mild and for all practical purposes curable.

The paranoia bogey, like many another, still claims its victims and will continue to do so, so long as alienists are hypnotized by a classification. That the reaction has set in is a matter for congratulation. These papers are an indication only of the current, and as such are presented to an English-reading public.

The editor desires to express his obligations to Drs. F. Robbins and M. J. Karpas for assistance in the translation.

Smith Ely Jelliffe, M. D.

New York, October, 1908.

# PERIODIC PARANOIA AND THE ORIGIN OF PARANOID DELUSIONS.[1]

By Dr. NIKOLAUS GIERLICH,

of Wiesbaden.

Paranoia undoubtedly is one of the most pressing problems of psychiatric investigation. The views formerly held must be tested and modified in various directions, primarily concerning the causative factors which permit of the occurrence of primary delusions with clear consciousness and the absence of melancholic and maniacal moods, and secondly from the viewpoint of the course and prognosis of the disease.

Regarding the etiology, two rather divergent views have been held. For a long time, Westphal's ideas have prevailed and remained uncontradicted, after he had expressed himself before the Association of Naturalists held at Magdeburg in 1876 to the effect that paranoia is caused by abnormal processes in the sphere of conception (ideation), whereas the moods and emotions are merely dependent upon the contents of these conceptions, without playing a part in the evolution of the pathological psychic phenomena. When the paranoia problem was brought up in 1894 by Cramer before the Berlin Psychiatric Society, strictly in accordance with Westphal, and paranoia was considered as a purely intellectual psychosis in contrast with an emotional form—dissenting voices were raised in the discussion, Moeli ascribing to the emotions (affects) a contributing influence in the origin of paranoia.

At a later date, Neisser[2] referred to the significance of the affects in their relation to the ego. Friedmann[3] attributed a special part, though not the decisive one, to the emotions when considering the origin of delusions. Wernicke[4] describes the

[1] Archiv für Psychiatrie, 40, p. 19.

[2] Neisser: Paranoia und Schwachsinn. Allg. Ztschft. f. Psychiatrie, 53, p. 241.

[3] Friedmann: Ueber den Wahn, Wiesbaden, 1904.

[4] Wernicke: Grundriss der Psychiatrie, Leipzig, 1900.

influence of the affect upon the formation of exaggerated or over-valued ideas. Hitzig[5] points out the fact that the extraordinary influence of the emotions upon the development of relations towards indifferent occurrences in the surroundings is a matter of every-day experience. Tiling[6] and Störring[7] likewise advocate the importance of the emotions in the early stage of delusion. Quite recently, Specht,[8] Bresler,[9] and still more convincingly, Margulies,[10] based upon extensive experience, endeavored to prove that in paranoia the emotional sphere is primarily affected, the characteristic picture of the disease developing upon this foundation exclusively. These views have been criticised and not accepted by Bleuler[11] and Berze.[12]

Simultaneously with these investigations as to the causative factor of paranoia, the time-honored teachings of the gloomy outcome,—gradually passing from paranoiac delusions to delusions of grandeur, and terminating in dementia,—have been seriously shaken. Friedmann,[13] for instance, has described a number of cases with mild delusion formation of brief duration ending in recovery, although the insight and appreciation of the disease was not absolute in all cases. Margulies[14] also has reported three cases of paranoia terminating in recovery, in which full insight has been well maintained in the course of further observation.

A series of authors, such as Mendel,[15] Meschede,[16] Gianelli,

[5] Hitzgig: Ueber den Querulantenwahnsinn, Leipzig, 1895.

[6] Tiling: Zur Paranoiafrage. Psych. Neur. Woch., 4, 1902.

[7] Störring: Vorlesungen über Psycho-Pathologie, Leipzig, 1900.

[8] Specht: Ueber den pathologischen Affect in der chronischen Paranoia, 1901.

[9] Bresler: Zur Paranoiafrage. Psych. Neur. Woch., 3, 1901, 170.

[10] Margulies: Die primäre Bedeutung der Affecte im ersten Stadium der Paranoia. Monatsch. f. Psych. u. Neur., 10, 1901, 265.

[11] Bleuler: Zur Genese der paranoischen Wahnideen. Psych.-Neur. Woch., 3, 1901, 254.

[12] Berze: Ueber das Primärsymptom der Paranoia. Halle, 1903.

[13] Friedmann: Zur Kenntniss und zum Verständniss milder und kurz verlaufender Wahnformen. Neur. Centrlbt., 1895, p. 448.

[14] Margulies: *l. c.*, p. 281, 286.

[15] Mendel: Ein Beitrag zur Lehre von den periodischen Psychosen. Allg. Ztschft. f. Psych., 44, p. 617.

[16] Meschede: Paranoia periodica. Thirteenth Internat. Med. Congr., Paris, 1900.

Kausch,[17] Bechterew,[18] Ziehen,[19] Hamilton,[20] observed cases of periodic paranoia with absolutely free intervals and perfect insight.

It has been pointed out by Friedmann that the milder cases do not as a rule enter the institutions for the insane. Hence their true character is frequently not recognized; they are misinterpreted and therefore appear much less numerous than they actually are. It is precisely these cases, in which the observation of the initial symptoms is especially favorable, under certain conditions, that permit of a thorough study of the question under discussion, namely, the prognosis and etiology of systematized delusion formation.

The author is in possession of three case histories belonging under this heading. The patients have been under his observation for several years, and he has been able to observe with perfect accuracy at least two attacks and two especially free intervals in each individual case.

Case I. Anamnesis and Status, January 24, 1896. Mr. X., 50 years of age, high government official, married for 19 years. Two children, 17 and 14 years of age. Wife healthy, no abortions. Patient is descended from a nervous family, the mother, and especially the father, are said to have been markedly neurasthenic. Mother died from some acute internal affection; father supposedly from some spinal disease. Two cases of mental disturbance in father's family. Particulars not known.

The patient's birth is said to have been normal. He graduated from the Gymnasium and chose a government career. Study did not come easy, mathematics proving especially troublesome, but he was unusually ambitious from childhood. He is said to have led the simple life. As to his habits he was moderate in the use of tobacco and showed very little resistance to alcohol. His career took the customary course. On one occasion only, about a year ago, the patient was not advanced, much to his regret. He always had periods of lassitude lasting for days, especially after prolonged work;

[17] Gianelli: Sulla cosi detta paranoia acuta periodica. Riv. sper. di freniat., 24, 1898, 612.

[18] Krausch: Ein Beitrag zur Kentniss der periodischen Paranoia. Arch. f. Psych., 24, p. 924.

[19] v. Bechterew: Ueber periodische acute Paranoia. Monats. f. Psych. u. Neurol., 3, 1901, p. 30.

[20] Hamilton: Insanity in Connection with Disease of Ductless Glands. Med. Record, 1900, I, p. 593.

was excitable, complained much of constipation, but did not present any other serious disturbance of his general condition. Since the middle of October, after his return from a month's fatiguing trip, associated with irregular hours and poor quarters, the patient complained of insomnia, fatigue, heaviness in the head, anorexia, sluggish digestion, arrested for 2–3 days, nervousness, irritability and constant restlessness. Meanwhile, he was able to attend to his business, though at the expense of all his will-power.

He recently showed a suddenly developing mistrust towards his surroundings, without any visible anomaly of disposition, and his behavior has been perfectly correct. About two weeks ago, in speaking to his wife, he expressed some delusions for the first time: He thought he was no longer *persona grata,* and that he was to be supplanted in his position, whereas the exact contrary was true. Moreover, he thought he had compromised the wife of a colleague, namely, the one who had been advanced in preference to him, by gazing at her for a long time, though unintentionally, at some social gathering; this had attracted attention, and the woman was compromised by him, and he had thus rendered himself impossible. The husband of this lady, gradually becoming surrounded by a whole plot, was anxious to drive him away from his post and out of the town, in order to destroy him. The patient called upon the lady to beg her pardon. Of course she had no idea what he wanted. He thereupon handed in his resignation on two occasions, which was twice graciously refused by the president. Finally, he explained to his wife that he could not continue to live with her, because she also had been compromised by him. It was his duty to give her satisfaction by instituting divorce proceedings.

*Status:* Patient is entirely dominated by his delusions, which he expresses with great animation, in the form previously stated. He said he must leave the country; the police were liable to come at any moment in order to arrest him. A perfect army of opponents was working against him, his wife also joined the plot. Meanwhile, the patient was well informed as to time, place, surroundings, etc. Pathological euphoria, depression, or psychomotor retardation had never been noted, neither did they exist at the time of examination. The only anomaly besides well-marked mistrust was great irascibility. This was directly parallel to the delusions, and entirely dependent upon them. There were no signs of hallucinations or illusions, and these were not observed in the entire course of the disease.

Physical examination shows a large man, with strong, bony system, much emaciated; said to have lost 15 pounds in last few months.

Facial features: left half of face better developed than right, especially frontal eminence. No abnormality in skull. High pointed palate, small ears, suggestion of "handle" ear. Tendon reflexes in arm and legs lively, skin reflexes normal, sensation and motion, no disturbance. Pupils equal, somewhat below medium width, react to light, convergence and accommodation. Fundus normal, internal organs show negative findings. No albumen, no sugar in the urine, no phosphaturia, no uric acid diathesis.

The condition remained for nine more days at this level. The patient had absolutely no insight into his delusions. No hallucinations nor illusions could be determined, notwithstanding accurate investigation and observation in this direction. Then the entire threatening condition rather suddenly subsided. Patient could be talked to concerning one or the other of his delusions, at least he began to discuss them, his irascibility diminished, and after three to four days more, he showed perfect insight into his condition, together with the arrival of an amiable letter from the president. The patient fully appreciates the delusionary character of his ideas and remembers all the details. There was no amnesia. He does not know how these delusions came to him. There were no indications of hallucinations or illusions at the time of the attack. The body weight had already begun to rise and it soon reached normal; the general condition improved visibly and the patient resumed his professional activity at the end of a few weeks, and everything remained well until the autumn of 1896.

After his return from a customary fatiguing business trip, the general nervous disturbances reappeared in the form of lassitude, headache, insomnia, anorexia, constipation, restlessness, and irritability. By the end of November, he again developed delusions similar to those of the previous year, without any manic or melancholic fore-runners. The attack promptly rose to the former level. The plot was again in full sway, under the guidance of the lady's husband. He, X, was to be ousted from his position and ruined. Again he handed in his resignation in order to get rid of his persecutors, which again was not accepted. He claimed he could not continue to live with his wife, he had compromised her too seriously and started divorce proceedings. Again there was a marked loss of weight. Prompt removal from his surroundings had such a favorable influence upon the attack that, within three to four days, the condition cleared up rather suddenly after the persecutory ideas had persisted for four weeks. The patient gained complete insight into his delusional system, without the slightest amnesia, and without being able to understand at all how these ideas had come about. It was

impossible to discover hallucinations or illusions. The patient soon attended to his obligations as before.

In the summer of 1897, he had a substitute for his professional trip and in the fall took a long vacation, which he spent in the mountains, during which time no nervous restlessness nor delusions were noted. He returned about Christmas, feeling so well that he could not be prevailed upon to give up a very fatiguing business trip in the summer of 1898. Then the delusions returned precisely as in the preceding years, after initial general nervous disturbances in the fall of 1898. As before, he remained very self-absorbed for some time, and then suddenly aired his delusions. The plot with the husband of the compromised lady at its head, was again in full sway, in order to ruin him and rob him of his position and his honor. His resignation was once again handed in, and the divorce prepared for, etc., etc. Prompt removal from his home, and appropriate management, caused the delusions to subside about three weeks later, and after three to four days more, the patient had complete insight into his condition. There was no amnesia, and absolutely nothing to point to hallucinations or interpretations based on illusions to account for his delusions. Neither was there any reason for assuming dissimulation on the patient's part in the free interval. At such times, he would meet the wife of his colleague without any embarrassment, and stated that he felt quite unconcerned towards this lady.

In the summer of 1899, the patient was physically disabled, but no paranoiac delusions were noted. He died in 1900 of carcinoma, probably originating from the bladder. The somatic status of the nerves remained unaltered. Pupils, reflexes, sensation and motion presented no disturbances. There never was a reactionary hyperthemia. He was free from pathological fluctuations of the psychic sphere. His intelligence had not diminished to a noticeable extent; on the contrary, the patient always promptly met the requirements of his position.

Case II. Anamnesis and Status, April 17, 1896. Mr. X. thirty-five years of age, a merchant, married for two years, no children, wife healthy, no history of abortion. The patient is descended from neurotic stock. His father was under the author's care for chronic constitutional depression with compulsory ideas. His father's condition is said to have been even worse during early part of his married life when he had a severe business struggle for existence (about the time the patient was conceived). Two brothers of the father are markedly nervous, one being of a "peculiar" disposition. A younger sister of the patient is said to be hysterical. The patient was apparently normal at birth. He went to school until he passed

his final examinations, and then took a place in his father's business. He studied with tolerable facility, once only failing to be promoted to a higher class. He states that everything connected with memory work, such as languages and history, came rather easy, whereas thought on abstract conceptions was very hard for him. He learned certain theses by heart, in a mechanical manner. He was not draughted as a soldier, ostensibly on account of a tendency to flatfoot.

At an early age the patient gave an impression of independence and showed great ambition. He was hasty and hurried in all his undertakings but presented no physical anomalies, especially no anomalies of temper. He never lived a fast life, had small resistance to alcohol, smoked two to three cigars daily and had moderate intercourse with women. When he was twenty-six years old his father made him the manager of a large sawmill, which had been seriously neglected by poor administration. He started this new activity with extreme zeal, raising the business to a flourishing and remunerative investment. He showed considerable mercantile skill, was always sober, and is much esteemed in his native town. He married at the age of thirty-three, from pure mutual affection, his wife bringing him no money. The marriage was perfectly happy, the wife being of a gentle, yielding disposition and with a uniformly cheerful temperament.

This harmony was recently very seriously disturbed without external cause. In the early part of each year the patient is obliged to buy forests on a large scale, for the lumber; the year's business essentially depending upon the profit of these investments. At these times he is much on the road, eats irregularly, and has insufficient rest at night. He complained much of headache, anorexia, and constipation and was very irascible and irritable, hurried and restless. He did not act toward his wife with the customary frankness, was reserved, quiet and self-absorbed. Ten days ago he overwhelmed his wife abruptly with the most violent ideas of jealousy and persecution. He said "She neglected him, doing everything wrong, intentionally and knowingly; she was in league with other men, preferring everybody to him; she was tired of him, wanted to put him aside by killing him, cared only for his money, for which alone she had married him." In accordance with his delusions, the patient acts most insultingly towards his wife, whom he overwhelms with reproaches, saying that she never cared for him, married him only for his money, etc. All begging and imploring on her part proved useless. He is extermely irascible, contradiction especially irritating him to the last degree. He shrugs his shoulders and expectorates in front of his wife, unmindful of the presence of strange ladies

and gentlemen. On one occasion he became threatening, so that his wife lives in constant anxiety and several times has been obliged to escape by night to her relations. The patient takes his meals outside and when eating at home he forces his wife to taste everything before his eyes.

*Status:* The patient is entirely dominated by his jealous ideas concerning his wife. He is inaccessible to reasoning, expresses his ideas volubly and is extremely irritable. When his wife tries to convince him he repels her roughly and spits upon her dress. Meanwhile, he is perfectly conscious of place, time, persons, surroundings, etc. Aside from his delusions, his behavior is entirely normal. Nothing can be discovered or observed in the line of hallucinations or of illusionary interpretations. A change of disposition to abnormal cheerfulness or sadness does not exist, and has never been noted. Alcoholism is excluded.

Physically the patient appears as a medium-sized man, with delicate bony framework and narrow chest. The thorax is unusually long, no pigeon breast. He has a short receding forehead with remarkable development and projection of occipital protuberance, the sutures being plainly palpable. Dolicocephalic. The ears are large, projecting and flabby, without disproportion. Face symmetrically innervated on both sides during rest, when in mimic motion strikingly more so on left than on right side. There is a slight degree of blepharocloria, pupils equal, medium width, prompt reaction to light, convergence, accommodation. No nystagmus, hippus, or eye-muscle disturbance. Ocular fundus normal. Tendon reflexes in arms and legs lively, no ankle clonus, skin reflexes normal. Sensation, motion normal. No speech disturbance, no marked tremor, heart normal, pulse 78, evenly full and soft. No albumen or sugar in urine. Internal organs give negative findings; on both sides moderate flatfoot.

This condition remained at this level for eight days longer, after which time the patient became more quiet in the expression of his delusions. At least he entered into discussions concerning them, and ceased to act as absolutely non-committal and irresponsive as heretofore. In about three to four days complete insight into his condition manifested itself. He now appreciates the delusionary character of his ideas, is dreadfully ashamed of his conduct, does not know what pushed him to these ideas, and tries with all his power to undo his wrong towards his wife. In this case also, there had been a reduction of the body weight (10 pounds) during the attack, which was soon recovered from. The patient has no amnesia; on the contrary he is perfectly familiar with every detail which occurred during the attack. No hallucinations or illusions could be made out.

There were no reactionary changes of his frame of mind, his mood was perfectly normal, according to the conditions present, neither euphoria nor depression. The irascibility subsided together with the delusions. Intellectual deficiency was excluded. He soon felt entirely well.

Suggestions of a similar condition are said to have returned in the fall of 1896, but were aborted by a journey to the South which had been previously arranged for. The patient believing himself safe after this recreation, became active in political affairs and towards the early spring of 1897 again visited the lumber auction sales. The general nervous complaints promptly returned. Nervous lassitude, pressure on the head, heaviness, anorexia, torpid digestion, restlessness, and irritability recurred. He soon became permanently ill-humored, and again showed a change in his manner towards his wife. Before she succeeded in getting him away from his business, the former jealous delusions returned with all their old violence.

The author found the patient entirely beset with his former delusions. He overwhelmed his wife with the most horrible reproaches, accused her of adultery, of purposeful neglect, said "she had only married him for a home; she wanted to kill him; was after his money only." These ideas he uttered in an animated manner, was absolutely inaccessible to reason, became much excited when this was tried, cast contemptuous glances and gestures at his wife, spat out in front of her, and again became actively aggressive. There was no pathological mood aside from irascibility and excitement in harmony with his delusions, nor was there any acceleration or retardation as regards the course of psychic functions. He is neither particularly hilarious nor depressed.

The attack was abridged by the use of baths, and sulphonal when necessary. Two weeks after the first expression of his delusions the patient showed a certain willingness to reason about them. In two or three days more he had perfect insight, without any amnesia or reactionary change. He soon devoted himself to his business with the same old energy.

A son was born in December, 1897, to the great satisfaction of the father. The wife asked for a long trip early in 1898, for she had always held the fatiguing lumber investments in the spring responsible for the nervous prostration and jealous delusions. The pleasure trip was carried out, and nothing turned up in the line of severe nervous disturbances or of ideas of jealousy. On his return the patient found his lumber investments very unsatisfactory and in the fall his wife worried for some time about the changed manner of her husband, but he developed no attack.

Another severe attack occurred in 1899, however. Again, as before, general nervous disturbances appeared after the lumber investments which were followed by changes in his manner and by delusions of jealousy. The author saw the patient entirely taken up by his delusions, as in his previous attacks, without any insight. This time he believed a business acquaintance of his to be leagued with his wife against him, and he abruptly and without cause, broke off valuable business connections, much to his later regret. This attack lasted about twelve days. The patient then gained complete insight within two or three days, precisely as in the former attacks. He resumed his business in its entire extent.

In the spring of 1900 he took very good care of himself. The lumber investments had been entrusted to others, and according to the wife's statements, there were only certain suggestions of the condition already described. The outbreak was prevented by a short journey. In the fall of 1900 he was overjoyed by the birth of a daughter. In 1901 he believed himself to have entirely recovered, and returned with his old zeal to the lumber auction-sales. Again the introductory general nervous disturbances were followed without recognizable external cause, by the outbreak of his jealous ideas. The patient was again entirely under the dominion of his ideas. He said his wife was bad, that she treated him abominably, tried to deceive him, and to get rid of him. He scolded his wife in most vulgar terms. Again his business friends were leagued with her against him, he broke off another business relation in an insulting letter to a business house which happened to send in an offer at this time. The duration of this attack was about twelve days. Then there was a gradual giving in, quieter behavior, and in about three days insight into his condition, to a complete extent, took place. In the summer of 1902 the patient was seen by the author, looking perfectly well and prosperous. A suggestion of the terrible condition had manifested itself in the spring of that year, but the patient and his wife promptly took a journey to see their parents, thus aborting the attack.

To recapitulate, it is positive that hallucinations and illusions can be excluded. Dissimulation cannot be assumed. What reason would there be for the patient's dissimulating in the free interval? On the other hand, he was perfectly familiar with all details. This psychic alteration had nothing in common with manic or depressed states. The delusions were the primary feature, and the emotion dependent upon the delusions alone. Great irascibility prevailed during the attack and there were no somatic disturbances. The pupillary reflexes, etc., were all normal, not impaired. The patient

managed his extensive business affairs with ease and was, moreover, very active politically. Alcohol may be excluded as a cause of the attacks, patient always being sober, limiting his daily allowance of wine to about half a bottle and not exceeding this amount during the lumber auctions.

Case III. Anamnesis and Status, October 12, 1898. Miss X. Aged forty-three years, single. Mother living, seventy-two years old, well. Father died in 1884, of chronic spinal disease. A brother died of acute disease in early life; one sister living, very nervous. The father's family was nervous. The father, especially, and one of his brothers are said to have been unusually irritable individuals, not easy to get along with. Patient's birth was normal. She was very delicate as a child, developed normally later on, readily recovered from children's diseases. She menstruated at thirteen years, her periods being regular and painless. As a child she had a tendency to outbursts of anger and was irascible. This improved later on, and her education met with no difficulties. She was a fairly good student at school, not particularly gifted, but diligent. She refused several offers of marriage because she saw her aim in life in nursing her sick father and cheering him in his protracted severe disease. When he died, in 1884, her sorrow was extreme, and she appeared so exhausted mentally and physically, that her mother was seriously worried. A recreation was secured by prolonged trips. The patient is said to have been in good health up to 1898.

In the spring of this year she moved to Wiesbaden. Since her father's death she has lived with her mother, whom she loved devotedly, the relation between mother and daughter being everywhere acknowledged as exemplary. The ladies had extensive agreeable social connections and were universal favorites. The climate did not agree at all with the patient. She suffered very much from the great exhausing heat in the summer of 1898 and complained of a number of nervous disturbances: insomnia, heaviness in the head, prostration, a dislike for mental exertion, anorexia, and sluggish digestion. This condition became visibly worse and she lost in weight. The condition dragged over several months, and changes in her behavior began to manifest themselves. She was extremely irritable, always restless, hurried and discontented. She withdrew more and more from society and showed a mistrust previously unknown. For days together she could not be prevailed upon to leave the house, and the mother was particularly struck with the fact that she would no longer tolerate religious assistance, which on the contrary excited her very much, so that she avoided church, entirely against her habits.

About the end of September, she first gave her mother an insight into the condition of her mind. She accused two ladies of their acquaintance of hostility, as follows: "They are false friends; of course they do not let anything be seen in public, but they have forged an entire plot to push me out of the social circle; to drive me away from here by calumnies, and to throw me into despair. They will not rest until I am dead." Everybody was contriving to let her see that she had lost all her esteem. Everything was being done to bring about her ruin. Moreover, she was no longer able to pray, as she had been fond of doing, without ever pondering over it. "I can no longer pray nor collect myself; they have robbed me of my faith; they have estranged me from the Lord, and now they are taking advantage of it." She remained much of the time in bed and could not be prevailed upon to leave the house.

*Status:* The patient describes with great animation how her best friends turned out to be false and aggressive enemies. They were both at work to render her impossible, to ruin her good name, and then to destroy her. The two had already formed an entire plot, and they kept on calumniating her until the whole town knew of it. One would not notice it in speaking with them, they acted in a very friendly manner. She neither sees nor hears it, nor does she observe it from signs or movements. She had been estranged from the Lord, robbed of her faith; she is now unable to pray. She must get away from here; she will not go out here. "They would be capable of anything." The patient is perfectly clear as to time, place, and persons, she speaks quite calmly and readily about things apart from her delusions, and there is no fluctuation towards abnormal hilarity (euphoria) or sadness. She is only extremely angry and furious in keeping with her delusions and becomes violent to a degree, otherwise unknown in her, upon contradiction, especially towards her mother. "My mother permits everything; she does not defend me; she is also in the plot." She actually pulled her old mother's hair a few times, which would have been unthinkable apart from her disease. Hallucinations and illusions could not be determined.

There was nothing of importance on the somatic side. The patient is somewhat below medium height, well made. Temporarily undernourished. Near-sighted since her youth. No bodily anomalies. Pupils normal. Sensation, motion, reflexes normal. Pulse 82, regular, full, not hard. Heart, kidneys, etc., without any pathological findings.

This condition persisted to the same degree until the middle of December, notwithstanding baths and narcotics. Then perfect insight

into the condition developed within five or six days. The patient was entirely transformed, became a refined and amiable lady, who could not understand how she had ever gotten such "crazy" ideas, and how she could have treated her mother, her dearest and best friend, in such a fashion. No harsh word had ever been dropped before. She resumed her social relations, took part in charity organizations, and acted quite naturally. There was no amnesia, no reactionary hyperthemia. She was again at peace with the Lord and with religion.

In the summer of 1899, the author advised that she should leave Wiesbaden at an early date, in order to visit a hydrotherapeutic institution in Switzerland, located at a higher level. This was done, and her health there was fair.

The summer of 1900 was passed by the ladies in Wiesbaden, with the same unfortunate outcome as in 1898. About the middle of August the general nervous disturbances returned in the former manner: insomnia, pressure in the head, anorexia, constipation, prostration, irritability, restlessness, etc. Before a trip had been decided upon, about the end of September, the author found the patient again under the sway of her delusional ideas. The two friends, surrounded by a perfect plot of strangers and acquaintances, were again using all means to destroy the patient by calumny, robbing her of her honor and her name. The patient always placed a very high valuation upon her (historically framed) title of nobility. The mother was also in the plot. At the same time, the incapacity for religious duties again manifested itself. She cannot pray, so much they have been able to accomplish. The patient is extremely irascible and angry when her delusions are contradicted, being especially aggressive towards her aged mother. There is no depression, self-accusation or euphoria. She is perfectly clear and acts entirely in accordance with her delusions. She locks herself in, does not go out for fear she might be hurt in some way. "They are capable of anything; would instigate anybody."

Following the author's advice, the ladies promptly went to the same place in Switzerland, as in the previous summer. This plan proved a complete failure. The threads had already been spun far enough. Certain persons from Wiesbaden, whom the patient knew only by sight, and who happened to be in the sanitarium, had already been at work to spread the net of calumny. Everybody had been told, and nothing but contempt was shown her. The ladies soon returned and remained at home. The condition persisted at this level up to the third of December. The patient then became quieter, could be talked to without violent outbreaks upon contradiction of

her delusional ideas, and in about eight days her insight was perfect. She is ashamed of her ideas, and unhappy about her conduct, especially towards her mother. Is again reconciled to the Lord and religion. She then began to resume her customary social relations, and had no feeling of interference. Hallucinations and illusions were never noted, patient denying them in both good and bad days. Somatic findings always negative. There is no reason to assume a deterioration of intellect, nor had the mother noticed anything in this direction. No abnormal fluctuations of temper. Patient was last seen by the author in April, 1901, in perfect health.

All three cases concern moderately gifted individuals with faulty heredity, but possessed by a high ambition, which endeavored to manifest itself according to individual conditions. In the prime of life, under the influence of general factors affecting the nervous system in particular, systematized delusions manifested themselves, as delusions of persecution, of jealousy, of reference, appearing abruptly at certain periods, without melancholic or maniacal disturbances, after the patients had been for two or three months under the sway of very severe neurasthenic symptoms. The patients were entirely under the influence of delusions, so that the disposition and actions were governed by them. The disposition was marked by great irritability and irascibility, upon the slightest attempt to oppose the delusions. Otherwise, the patients were perfectly clear in regard to persons, time, place, etc., during these attacks. There were no ideas of grandeur. The delusional ideas persisted at full strength for several weeks, then the patients became amenable to reason, perfect insight appearing with relative rapidity, within two to four days, with subsidence of the irascibility, and without any reactionary anomalies.

It was possible to prevent the return of the attacks by suitable measures, or at least the severity of the attacks could be considerably lessened, by guarding against weakening of the patient at certain seasons. By neglect of these precautionary measures, the attacks returned in their typical form with striking similarity, without evidence of progress in the system of delusions. The second and third attacks presented a less violent reaction than the original attack. This may be partly referable to the better training of the personal environment, who were more calm

in their interpretation of the condition and more sanguine about the prognosis. In part, the author is of the opinion that the patients were somewhat more accessible to professional influence, notwithstanding the absolute adherence to their systematized delusions. Deepseated, progressive disturbances of a psychic or somatic character were not observed. The intelligence was not demonstrably diminished. There was nothing in favor of paresis. The attacks were accompanied by a marked decrease in weight.

Among similar observations reported in literature, the first parallel must be drawn with Ziehen's[21] case. Here also we find systematized persecutory delusions with great irascibility, without the influence of hallucinations, appearing periodically, with perfect insight in the intervals. Hamilton's case probably also belongs under this heading, periodic appearance of persecutory delusions in a woman having Basedow's disease. Bechterew's patient likewise belongs here, since the occasional hallucinations and illusions were devoid of influence upon the systematization of the periodic delusions. This case is especially characterized by the appearance of delusions of grandeur side by side with persecutory delusions. In the other cases of periodic paranoia, hallucinations existed at the beginning of the disease, and were not without influence upon the delusional system. However, it is stated by Kausch, that his patient's lack of judgment, and therefore the formation of the systematized delusions, could hardly be caused solely by the hallucinations—which were chiefly of an auditory character—without the patient's even attempting to convince herself with the assistance of other senses. Kausch also accordingly does not hold the hallucinations alone responsible for the origin of the delusions.

Bleuler[22] recently described eleven cases of periodic delusion formation, ten of which presented more or less marked symptoms of manic-depressive insanity in the anamnesis, only one case being entirely free. Blueler is inclined to include these cases entirely under manic-depressive insanity, in the sense of Kraepelin. Chronic paranoia likewise is frequently introduced

[21] Ziehen, *l. c.*

[22] Bleuler: Ueber periodischen Wahnsinn. Psych.-Neur. Woch., 1902, No. 11.

by depressive symptoms. Bleuler's point of view is possibly justified, and a favorable prognosis to be anticipated, whenever manic or manic-depressive mixed states are demonstrable in chronic delusion formation. In those cases, however, in which the delusion formation, the salient feature of these conditions, develops gradually, entirely along the lines of paranoia, in the absence of manic or manic-depressive mixed symptoms—the course cannot be determined at the present day, and accordingly a separation of the mild forms from the unfavorable ones, in my opinion, is not feasible.

What do we learn from these observations with reference to paranoia and to its etiology?

There are patients who present the picture of paranoia who develop systematized persecutory delusions, with great irascibility, without happy or sad affective states, which last for several weeks without sensory impairment, and who pass rather rapidly into perfect insight into their condition, with a tendency to periodic recurrence. The prognosis is favorable as regards the individual attack, but unfavorable as regards recurrence.

When periodic paranoia is designated by Kraepelin as a *contradictio in adjecto,* this presumably means merely a difference of opinion in the naming of the above conditions; namely, are they to be summed up under the name paranoia or not. I think that the conditions under present discussion cannot be distinguished from paranoia at the time of the attack, and are merely characterized by the absence of progression and by the mildness of the course. Similar conditions prevail, as in the case of dementia praecox, the character of which was formerly assumed to be invariably unfavorable, but appears less and less serious in the light of recent observations (Otto Diem[23]) so that Kraepelin[24] also mentions an outcome in recovery, without or with deficiencies. Nevertheless, the designation has been retained. In a similar way, these mild, systematized delusions are sufficiently differentiated by the qualifying term "abortive" for some, and "periodic" for others, from the severe forms of paranoia which pass from persecutory delusions to delusions of grandeur, and finally into dementia.

[23] Diem: Die einfache demente Form der Dementia praecox. Arch. f. Psych., 37, p. 111.

[24] Kraepelin: Psychiatrie. 7th Auflage, II. Th., 1904, p. 261, 262.

Do these observations furnish information concerning the genesis of the delusions?

Marguliés discusses the divisibility of conscious processes into two components, namely, memories and feelings. Complex conceptions are formed by the solid junction of similar memory pictures, associated in times or space, with the corresponding emotions. The emotions are at least twofold: firstly, those associated with the sensory impression of the memory picture; secondly, more accidental ones, depending upon the individual's frame of mind during the acquisition of the memory. Marguliés endeavors to furnish proof to the effect that some disturbances in the degree and course of these emotions constitute the source of the delusions at the outset of paranoia. Are these presumptions correct in the cases of these three patients?

The first patient, about a year before the outbreak of the disease, was hurt by being passed over in certain promotions, showing that his official career was at an end. Given his ambitious character, he remained for a long time under the painful impression of this slight and this underestimation of his merit. He states that he often experienced difficulty in overcoming a feeling of incompetence, coupled with envy towards his fortunate rival, but succeeded in doing so by comparisons with the amiable delightful manner of his colleagues and superiors. "We are poorly promoted, but well treated." When he felt bodily and mentally worn out after the strenuous summer, these painful, tormenting feelings returned with greater strength and frequency. He would remain for days together under their sway, without being able to shake them off. Next, he believed he discovered changes and unkindness in the behavior of his superiors towards him, and thus one fine day, the supposititious affair with the wife of his fortunate colleague led to the outbreak of his delusions of injury and persecution.

In the second case, the patient, a wealthy saw-mill proprietor, had married a poor girl, to the general surprise of the community. He stated that he always sought happiness only in marriage and made his choice from pure affection, assuming the same to be true on his wife's part, for else marriage would be intolerable to him. Off and on, certain doubts would arise in his mind from the gossip of the neighbors, whether or not his

wife had actually married him for love, or for the sake of a home, so that now he was in her way. When he was with her, and realized her gentle, clinging manner towards him, his doubts as to her affection entirely disappeared. In the months when he was tired and worn out, these doubts as to his wife's affection attacked him more frequently and severely. For a time, he fought against these painful feelings, but soon looked at everything she did from another point of view, and promptly stood entirely under the influence of the jealous delusions.

The patient mentioned under III was a society woman proud of her name, anxious to keep her title and social position free from blemish, very ambitious to play a leading part in her social circles and to arrange festivities in the interest of charity. These habits were seriously interfered with by the severe neurasthenia from which she suffered after the hot summer. She felt her incompetence, and saw herself forced upon several occasions to leave social gatherings. Neither was she able to attend to her duties as president of various associations, all of which deeply grieved and annoyed her. She regarded her successor with bitter envy, got into a highly irritated condition, and was finally unable to repudiate the idea that her friends rejoiced over her misfortune and profited by the situation, in order to drive her away from her position and out of the town, ruining her by all sorts of calumnies. In this manner, she developed her persecutory delusions. I am unable to ascertain definite particulars concerning certain especially striking social "breaks" of the patient's, dominating the emotional sphere, but a number of painful situations were admitted, which troubled the patient for a long time, and over which she pondered considerably.

These observations, especially cases 1 and 2, concern ideas which even in health are accompanied in consciousness by a peculiar distressing and troubled feeling tone. This feeling tone increases to such a degree on the neurasthenic foundation, which is especially susceptible to all negative emotions, that it dominates the individual in the sense of a compulsory emotion. This idea with its intensely distressing feeling tone of unhappiness, anger, or envy, dominates the psychical behavior of the individual to such an extent that no associative or apperceptive activity (in the sense of Wundt) is capable of exerting a correc-

tive and diverting influence by comparison or contrasting conceptions, such as is constantly the case in physiological error. Moreover, the pronounced feeling tone of the idea does not permit it to drop below the threshold of consciousness. We are dealing in the first place with a process, with which we are familiar enough in a similar manner, as a compulsory idea. On closer consideration it is seen, however, that it is not so much the idea which here forces itself upon the patient, as rather the associated frame of mind (the feeling tone), which dominates the scene, and serves to distress the patient. "I could not get rid of my anger and unhappiness, as soon as the idea appeared." When on the other hand, the conception entered consciousness on well days, without the weighty, overwhelming emotion, the patient readily succeeded in banishing it below the threshold of consciousness. Hence, we are here dealing with a compulsory emotion. Compulsory ideas are known to pass over in certain cases into so-called insanity with compulsory ideas, closely related to delusional ideas. This has been fully described by Binswanger (Neurasthenia, p. 123). The close relations of compulsory ideas to delusional ideas are further discussed by Cramer,[25] and especially by Friedmann.[26] The latter says: "Whether an object thought of becomes a compulsory idea or a delusional idea, is *not* dependent upon the kind and mechanism of its appearance, but depends in the first place upon the type of mind and the temporary mental condition of the thinking person." Loewenfeld[27] expresses himself as follows: "Psychical compulsory phenomena constitute an extensive boundary region between mental health and the pronounced mental diseases, into which they pass only very rarely however, even in their severest forms." Accordingly, we might reach the conclusion that a similar compulsory emotion, be it anxiety, expectancy, slight error, envy, etc., would lead to delusions of reference, provided it has sufficient strength and duration. But there are certain weighty objections to this view, in my opinion. It is a rather

[25] Cramer: Krankhafte Eigenbeziehungen und Beobachtungswahn. Berl. klin. Woch., 1902, No. 24, p. 557.

[26] Friedmann: Ueber die Grundlage der Zwangsvorstellungen. Psych. Neur. Woch., No. 40, p. 395.

[27] Loewenfeld: Die psychische Zwangserscheinungen. Wiesbaden, 1904.

wide and arbitrary step from the objective interpretation of the situation, which appreciates the whole as a pathological irresistible coercion, to a failure to recognize this point of view, in the absence of all criticism. Every practitioner is acquainted with a number of patients in whom severe disturbances in the emotional sphere (described by Margulies as the source of delusion formation) are observed to follow a strong emotional idea, in the sense of expectancy, anxiety, etc.; dominating the individual for a long time without leading to delusions. These conditions are frequently observed in officers of the army. Thus:

Case A. A captain, forty-one years of age, nervous ascendancy, himself generally nervous for years, was severely criticised by his highest superior at a review. He developed a highly neurasthenic condition, standing continously under the painful impression of the occurrence, always in fear of his discharge, which would be his death. This condition lasted for years, without leading to delusions.

Case B. A colonel, slight nervous heredity, was unlucky in the army exercises at the annual manœuvres, and was criticised without having deserved reproof. He had hardly been nervous before, but soon developed a severe neurasthenic condition. Of high ambition—father of five children—not a wealthy man—he lived in constant fear and anxiety in regard to his discharge. Although this condition was maintained for months at the same level, no delusions were noted.

The following case even more closely resembles the observations of Margulies.

Case C. A merchant from Holland, thirty-nine years old, not much faulty heredity, self-made man, now has extensive business, which he manages with his wife. He became nervously irritable without visible cause, had insomnia, gradually developed severe neurasthenia and was extremely restless and irritable. At the height of this state, he said that the district attorney was threatening to prosecute him; that he had ruined his business and his family. Patient made several attempts at suicide, tried to jump out of a moving train, and could only be restrained by force. There were no signs of paresis. After a short time, the patient admitted under urgent persuasion that a year previously he had signed a blank check for a business acquaintance, without the knowledge of his wife. This acquaintance had meanwhile been declared bankrupt, and a prolongation of the check was impossible. He, the patient, being

unable to meet the amount, he would be prosecuted by the district attorney and punished with imprisonment. The sum amounted to 15,000 gulden. Payment of the debt was promised by telegram by his relatives, with the result that the pathological picture underwent an abrupt change, although the neurasthenia subsided gradually only. No delusions were observed, notwithstanding the high degree of the anxiety and expectancy.

Other cases are known in which compulsory feelings persisted for a long time, the patient always remaining aware of the outside abnormal compulsion.

Case D. A gentleman, patient of the author's, has been suffering from such a form of emotion for over ten years. He had accompanied his mother to a concert. Ten days later, she had an attack of pneumonia, from which she died. The patient has since remained under the impression of the sad reproachful feeling that he had not assisted his mother with the desirable promptitude in putting on her coat when leaving the concert hall, and that he had thereby caused her death. As a matter of fact, there was nothing to support this view. Although the patient suffered severely under the weight of this emotion, there was no transition to delusions.

Recently, Berze has endeavored to prove in an important dissertation, based upon Westphal's views, that the leading factor in the origin of delusions must be attributed to the *intellectual* rather than the *emotional* activity. Berze, closely following Wundt, explains that the "psychopathological foundation of chronic delusion formation is a disturbance of apperception, which consists in an interference with the process of raising a psychic conception into the internal viewpoint. This interference is said primarily to induce the idea of passiveness as a sequel to passive apperception. In the second place, this interference results in the suspension of a series of apperceptive acts, which take place without difficulty in the normal individual. In the third place, this interference results in delay of the sinking of (conscious) psychic contents below the threshold of consciousness. This prevention of the apperceptive contents from sinking below the threshold of consciousness, combined with the limitation of the contents of consciousness, is said to lead to "compulsory faulty associations." The participation of the feeling of passiveness results in erroneous personal relations.

The argumentation of these principles from the psychological point of view is clever and convincing throughout; only the question arises why delusions do not occur with greater frequency in the course of neurasthenia, in which disturbances in the mechanism of the intellectual functions, as herein described, are the rule (difficulty of raising a given concept into consciousness; interference with sinking it below the threshold of consciousness, without emotional foundation). The feeling of passiveness, during the process of psychic apperception, is shared by the healthy individual, according to Wundt; it is simply intensified in the condition here outlined.

It is a common complaint of neurasthenics that they suffer a good deal with difficulties in thinking and the course or sequence of thoughts; this disturbance causing them much distress. Again, it must be admitted that suggestions of delusions of influence and delusions of reference are by no means rare in these cases, if attention be directed towards them:

Mr. X, assessor, aged thirty-three, nervous family history, good mental equipment, led a very fast life as a young man, worked very hard between whiles, had influenza before his final examination, which he passed with a good mark a week after leaving his bed. This was followed by a severe attack of nervous prostration. Patient is unable to think, therefore does not care to converse, cannot discuss subjects relating to the law, which used to be mere child's play to him. Abstract thought is very difficult and painful. Memory good. Patient frequently shows suggestions of delusions of reference. One day he refused to enter the consulting room and began to pack his trunk. When finally persuaded, he said: "I must ask you first of all, if you are still willing to treat me. I notice that I am troubling and disturbing you." "What makes you think so?" "It became perfectly evident to me as you came into the room this morning." I have always been particularly amiable towards the patient, knowing his sensitiveness. He allowed himself to be talked out of his idea, but every few days he had some notion towards one or other of the patients, to the effect that they wilfully neglected him, that he was uncongenial and unwelcome, that they showed this by all sorts of hints, etc. Twice he confronted a genteman in his room, asking him directly for an explanation. The others, of course, did not know how the patient got these ideas. After an explanation, peaceful relations were always reëstablished. This conduct was

diametrically opposed to the gentle amiable character of the man. At present he does not work and lives under very favorable conditions. I can readily imagine that in this case, under a strong emotional cause, combined for months with an affect of anxiety, expectancy, envy, etc., the ground would be well prepared for the development of delusions of reference.

After all these observations and deliberations, it is intelligible that I cannot identify myself with either of the two groups which at the present day are arrayed against each other as regards the origin of delusion formation in paranoia. This seems to me to be neither a purely intellectual disease, nor is it primarily referable to the emotions alone. The correct solution of this problem is to be found probably in a middle position. The foundation of delusion formation, in my opinion, consists in disturbances of the mental condition by violent protracted emotions of expectancy, suspense, anxiety, anger, envy, etc., in combination with an existing weakness of judgment towards these highly accentuated ideas. On the other hand, the association and apperceptive connections must take place in the normal manner, both *per se* and in their mutual relations (the foundations of the critical faculty) towards the less accentuated emotional ideas. Mistrust is not an emotion in the above sense. It originates only as the result of the delusional interpretations, as has been pointed out by Bleuler and Specht, and more recently by Schultze.

The further course of the condition, whether leading to recovery, arrest, or progression to delusions of grandeur and dementia, will depend essentially upon the brain power, which determines whether or not the delusional interpretation will extend later on to ideas not accentuated in the sense considered, and whether or not such interpretations will continue after the subsidence of the emotion.

It is still a matter of purely hypothetical consideration in which of the three components of normal judgment already discussed the disturbance will assert itself first. Friedmann assumes thinking in short associations, whereas Berze refers the primary impetus to passive apperception. As a matter of fact, the function of apperceptive synthesis and analysis, imagination and intellectual activity in the sense of Wundt, is probably responsible

in the first place, as the most important mental function. Being inhibited in its function, due to the strong outside feeling tone, the apperceptive faculty presumably loses its objective standpoint towards the complex conceptions, as they arise with all the force of a suggestion, in mild otherwise not recognizable disturbances —leading to delusional conclusions in the sense of the conception.

The cases so often quoted by Cramer, Berze and others, in which the emotional foundation cannot be demonstrated to the above degree at the onset of the delusion formation, become more intelligible on the basis of our assumption. It is intelligible that the two requirements for the formation of delusions may approximately supplement each other, in such a way that the apperceptive exhaustion in the above sense manifests itself only in connection with a very marked emotional accentuation, or in milder accentuations, respectively.

As this article was being concluded, I received a paper by Ernst Schultze,[28] of Bonn, in which the writer in his lucid manner urgently advocates the causative importance of the emotions at the onset of paranoia, but proceeds to recognize a disturbance in the intellectual sphere in the sense maintained by me: "Of course it is not maintained that every intellectual disturbance is excluded in the development of paranoia, for it goes without saying that there exists a disturbance, under the influence of the emotional disturbances, the impressions are fixed from one point of view only, are rendered erroneous, resulting in observations which do not correspond to the actual facts. However, this does not imply a defect in the intellectual sphere, or a quantitative disturbance. The emotional accentuation of the newly developed ideas is far too intense to admit of correction." Schultze further explains that paranoia in the true sense does not develop in imbecility and idiocy. These delusional ideas are characterized by the absence of assimilation according to great uniform principles, and the condition is preferably referred to as imbecility with delusional ideas. Hence, the paranoiac must be a "past master in the architecture of thought," who loses his power of correction towards the strongly accentuated emotional conceptions, the balance of his critical faculty remaining normal.

[28] E. Schultze: Bemerkungen zur Paranoiafrage. Deut. med. Woch., 1904, p. 89.

# CONTRIBUTIONS TO THE STUDY OF PARANOIA.

By Dr. M. FRIEDMANN,

Neurologist in Mannheim.

## I. On Mild Forms of Paranoia.

In the following paper I intend to take up again my investigation on the psychological basis of paranoiac delusion formation. In the ten years that have elapsed since I published my first work[1] on the subject a rich and valuable literature has arisen and a consensus of opinion concerning the very important and interesting problem has become more and more a possibilty. Partly as a result of the kind of cases which chiefly come under my notice I am still convinced that the most important conclusions can be drawn from those cases in which the delusion formation exists under the simplest condition; namely, in the incipient and symptomatically uncomplicated cases. Therefore I have paid special attention to the "mild" cases of paranoia, and among these a single group has seemed to me of special interest, not only from a psychological, but also from a clinical standpoint. I believe that a detailed consideration of this group will be useful for two reasons; first, because we here find a relatively favorable course in a condition that in general would be reckoned as an incurable chronic systematized paranoia, and second, because the study refers to cases that do not get into institutions and which therefore are less observed by asylum men than by those in practice.

On account of the difficulty of the problem of paranoia, I believe it best to give first a preliminary sketch of these cases before giving the detailed accounts; thereby an agreement will be more easily reached than by any terminological classification. I must, however, not omit at the start to say that by the term "mild paranoia" something else is meant than what I described

[1] Friedmann: Ueber den Wahn, Wiesbaden, 1894. Allg. Zeitschft. f. Psych., 52, 1896, p. 393; Monatssch. f. Neur. u. Psych., I and II, 1897.

some years ago in a short article under that heading.[2] The cases which I am about to report show that we may find a formation of paranoiac delusions of a persecutory nature in persons who, although sensitive, obstinate and exalted in character, have never been mentally abnormal—who, moreover, possess normal intelligence and who have no history of alcoholism, senility, or any pronounced form of mental degeneracy, or, in short, any specific etiology.

Most of the patients were women between thirty and forty years of age. They were persons who, after a serious conflict or after suffering a disappointment or the like; for example, the falling through of a prospective marriage, or the false accusation of treachery, or the unexpected loss of the ovaries at an operation, and therefore the possibility of conception—developed in the course of months, or even more slowly, a system of delusions which concerned itself with the causes or results of the conflict, and which led to the accusation of certain persons; but the delusion formation was limited exclusively to a single chain of ideas. The only thing which was added to this were delusions of reference which, however, were also limited; but hallucinations were lacking in all cases. The patients remained perfectly clear, they filled their social positions just as well as before, but they nevertheless showed a marked affect which, however, had neither a manic or a depressive coloring; moreover the delusions were logically elaborated. After a period of full development, which lasted one to two years, the affect faded to a great extent, the patients regained their peace and seldom mentioned the matter again. Yet they had not corrected their delusions, nor did they conceal them; on the contrary they obstinately maintained their reality. Nevertheless, in the genuine cases, nothing new was added, and the persons were to be considered as practically cured. The whole course covered as a rule from two to three, generally two and a half years.

This sketch shows that the matter is not at all new, although as far as I know no special investigation of it has yet been made. The French psychiatrist Kéraval[3] has mentioned something somewhat similar in his large work on fixed ideas, but he took up the

[2] Friedmann; Neurologisches Centralblatt, 1895, p. 448.

[3] Keraval: L'idee fixe. Arch. de Neur., 8, 1899, Juli.

matter from a symptomatological rather than from a clinical point of view. Further, Wernicke in his suggestive Grundriss[4] has separated specifically this form from other paranoid conditions under the name of "circumscribed autopsychosis"; he describes two examples in outline, and asserts not only that a definite experience (*e. g.,* likewise a disappointed expectation of marriage, in the case of a teacher) can, under the influence of strong emotions, become an overvalued idea, but also that the patient may recover in so far that a spread of the delusions does not take place. Finally, I must mention Kraepelin, the author who, in recent years, has influenced the theory of paranoia most profoundly, and who has attempted to circumscribe the disease more sharply than anyone else before him; he makes the important assertion that even cases with genuine chronic paranoia, at least those of paranoia quaerulans, are capable of cure, or at any rate of decided amelioration, cases in which the affect gradually diminishes and fades away. His pupil,[5] Schneider, has called attention particularly to this fact, or rather to the assertion of his teacher in his latest paper on genuine paranoia.

It is certainly important for us to note that such well-known authors as Wernicke and Kraepelin have in the main reached the same conclusions regarding this special form of paranoia, and that Kraepelin, in particular, has noted such a possibility of recovery. For it will be remembered that Kraepelin has limited paranoia and has defined it as a condition in which we find a gradual development and systematization of delusions with full preservation of clearness and generally without hallucinations, a condition which is moreover chronic, in which, however, other mental symptoms or dementia do not occur. It cannot be denied that Kraepelin, when he assigns this curable form to the genuine paranoia, abandons the criterion of course and outcome, or at least does not put it in the first place, but that he takes the entire symptom picture, and probably also the pathogenesis as a basis; however, we must not forget that Kraepelin[6] speaks chiefly of cases of paranoia quærulans as presenting such a course and does

[4] Wernicke: Grundriss der Psychiatrie, Leipzig, 1896, p. 148.

[5] Schneider: Ein Beitrag zur Lehre von der Paranoia. Allg. Zeitschrift f. Psychiatrie, 60, 1905, 65.

[6] Kraepelin: Lehrbuch, IV Edit., Vol. II, p. 454.

not mention the type sketched here, and that in general any accurate account of this type does not seem to exist in literature. In no other conditions is it so difficult to establish definite clinical types, or in given cases to make a correct differential diagnosis, as in paranoiac states. I cannot, therefore, avoid the somewhat difficult task of explaining the systematic relation of the new type to other related types of paranoid conditions, if it is to be properly recognized in practice by my colleagues.

We shall confine ourselves to the most essential features of the question: only two things are to be explained as fully as possible: first, the relationship of our group to the genuine endogenous paranoia. Second, we shall have to explain the differentiation from those disorders which have been denoted as "acute paranoia," and which by their curability at least resemble our mild form.

In this whole discussion the revolution brought about by Kraepelin does not concern us very materially. It is well known that the greatest difficulties arise in separating the paranoid form of dementia præcox, *i. e.,* cases which are incurable and terminate in dementia. The curable cases are mostly assigned by Kraepelin to the likewise comprehensive category of manic-depressive insanity, and more reliable clinical insight in regard to the prognosis is obtained thereby; yet, on the other hand, the diagnosis may be very difficult in all cases that depart in any way from the classic and clearly recognizable course. It is readily understood that if they last long they may be difficult to differentiate from our mild type, since then the criterion of curability, the deciding clinical criterion, fails.

In general, I have come to the conclusion that the accepted division of paranoias into acute and chronic forms, and into such with and without hallucinations, can be no longer maintained to-day. Nevertheless, I find also that the clinical characteristics of dementia præcox, and of manic-depressive insanity according to Kraepelin, are somewhat inadequate and vague in consideration of the multiplicity of psychopathic conditions and forms, although they appear to me as essentially correct and important. As a rule, they exclude doubt only when the course is classical; therefore I have taken much trouble to make clear to myself by what general criterion our paranoia group is to be separated

from protracted manic-depressive psychoses with paranoid symptoms. The quick rise and fall in the course may fail here; in some cases a manic depressive mood may guide us; further, the delusion formation is often more impulsive and somewhat disconnected, especially when hallucinations are present. But this and similar things, considered by themselves, are not vital factors for the differential diagnosis in the long drawn out cases. Thus I have come to the conclusion that if a fundamental separation is to be possible, it can only be through emphasizing the pathogenesis, *i. e.,* if we can characterize one form as exogenous, and the other as endogenous. By that we mean that in endogenous forms we can deduce the delusion formation directly from a fundamental anomaly of character, and of the intellectual constitution of the patient, whereas in the manic-depressive psychoses the delusion would be formed without essential continuity with the kind of mind in the days of health. In such cases the person would, in normal periods, and even under strong excitement, not be capable of such ideas, or they could readily get rid of them, and the paranoid delusions would arise on the basis of the superimposed psychopathic change and alteration in mood, as we are accustomed to presuppose in the cases of melancholic delusions of inferiority, and the paralytic delusions of grandeur.

Such proof must, to be sure, make use of symptomatic, as well as clinical factors, and it must rest essentially upon psychological considerations. But I see that Schneider, a pupil of Kraepelin, does this too since he depends upon the affect for his differential diagnosis between dementia præcox and paranoia, presupposing that in the latter cases the disturbance of judgment is conditioned by the primary affect. We are, however, much too poor in special data concerning the character of our patients, and up to the present also, too far off from a scientific study of character in general, to be able to undertake the problem from this side. We must rather consider and discuss the manner of formation of the delusions, and for the purpose our mild paranoid cases are specially adapted, because there is often a single delusion formation, and because this develops out of a definite conflict, and is therefore psychologically more transparent than is otherwise the rule.

The differentiation of exogenous and endogenous psychoses is not at all new, and is in accordance with the teaching of Kraepe-

lin, and more especially with the view, advocated by Magnan, that true paranoia belongs to the psychoses originating on a degenerative basis. But it is necessary to make still further distinctions and to separate the abnormal and one-sided characters from the psychopathic inferiors who, in addition to character anomalies, also show marked lability of mental equilibrium. Our cases do not belong to this group. On the other hand, they are to be regarded as more markedly abnormal than a further group of peculiar personalities, which shows a tendency to simple paranoid flurries, to ideas of jealousy (without alcoholic etiology), to exaggerated ideas about invention, or over self appreciation and the like. Attention has recently been directed to such conditions by Head and by Pick.[7] We shall come to these cases later, and at the present time shall give the case histories, and then present a series of manic-depressive cases for comparison.

In the choice of cases we have tried to be very careful, and to exclude any in which any specific etiology—alcoholism, senility, mental weakness or inferiority—might be seriously thought of. Then again the lack of knowledge concerning the later history of the case may raise some doubt. We begin, therefore, with an observation in which the cure of the patient has existed for five or six years; and in which any scientific doubts regarding it can hardly be taken into consideration.

Case I. Kätchen L. Twenty-eight years old, single. The patient comes from a markedly neurotic family. Her father was very nervous and died young. The maternal aunt was hysterical for years, and her son was a psychopath (Zwangneurose) both of them were treated by me. The patient herself had not been sick before, was lively, but superficial, fond of pleasure, and selfish. At the same time she was wilful and irresolute. She was well liked but, in her conceit, she had refused many proposals. For the last eighteen months she underwent some change; she became morose, sullen, and quarrelsome, more especially with her mother. Even at night she may torture her with reproaches and may quarrel for hours at a time. Almost daily she has long discussions with her aunt, regarding her notions, and will take no advice in the matter.

[7] Pick: Zur Lehre von den initialen Erscheinungen der Paranoia. Neurol. Centralblatt, 1902, No. 1.

The content of her ideas is simple. Having remained single and having passed the bloom of youth, she suddenly developed an intense desire to find a suitor, while at the same time she was annoyed on account of her lessened attraction for young men, and suspected every little attention on their part as being with earnest purpose. She had her hopes set upon a certain man, who, she thought, was paying her attention. When he discovered how she considered his visits, he began to be reserved, all the more because he thought her pretentious and a poor housekeeper. This disappointed her and made her rather bitter. Then the idea gradually took hold of her that others had frustrated her marriage by talking ill of her. At any rate she sought the cause, not in herself, but in the outside world. The first thing she noticed after that was that in the street where she lived the same people often passed or stood about. These she thought were paid to spy upon her. She was especially opposed to a certain gentleman who had lived in the same house for two years, and whom she disliked, because he paid little attention to her. He knew the former supposed suitor, and she had seen him during the critical time (when the suitor ceased to visit her) talk to him. She thought that he especially spied upon her, that she saw him sitting by the window more often than formerly, and that he had several times seen her when coming home, from evening gatherings, etc., accompanied by young men. She was now thoroughly convinced that he was an enemy of hers, and had made comments on her inefficient housekeeping. But she also thought, from many intimations, that he was mean enough to suspect her moral character, that he had circulated stories about love affairs with some of her evening escorts, and that from that reason her suitors had withdrawn.

She persistently and stormily demanded of her mother that the roomer should at once be thrown out "head over heels." She was absolutely inaccessible to argument, but maintained, often with considerable heat, that he was the cause of all her trouble. However, the mother refused to send him away without cause. Continued quarrels ensued, the patient maintaining that the mother did not protect her and had ruined her happiness. Finally, after a few months of disturbances, she succeeded in getting out the roomer. Scarcely had he moved away before she developed similar ideas about another roomer; a quiet, orderly bachelor who had been in the house fourteen years, and who was on very good terms with the family. She maintained that he also observed her from his window, and on the street, that he watched her every time she went out, gave signs to the spies on the street, and took part in the plot against her. However, she could not persuade her mother to send

him away, so she personally went to his room, and reproached him for his actions. On account of that this man also moved out. All this had persisted about eighteen months before the patient was induced to seek my advice. Of course it was impossible to eradicate her false ideas; just as little as the getting rid of the two supposed offenders had done any good. But I succeeded in improving her sleep and no new ideas developed. Her thought and speech centered now on the past, and on the cited reproaches against her mother, because she had not stood by her. She remained mentally clear and possessed. Strangers did not observe anything wrong with her and she continued to associate with her friends; she went to club meetings and concerts, and worked at home, as was her custom. No hallucinations had ever occurred, not even at night, nor any autochtonous ideas or pseudohallucinations, In short, none of the more marked disorders were present.

Gradually the abnormal ideas sank into the background; she spoke less and less excitedly about them, yet she still could not be persuaded that she had been mistaken. This disturbance had existed two and a half years in a marked degree. In the meantime she got a new interest in life by taking care of her brother's children, who were very much attached to her. On the other hand she abandoned the idea of marrying, especially since she had sufficient means to support herself. Four years later, however, she again thought that a young man, who lived in the family and who escorted her home several times from visits to friends, thought of marrying her. When this did not materialize, she again became downcast for several months, and imagined that the story had again been revived for the purpose of harming her. However, the patient did not get deeply into it, and she has since then remained free from any delusions.

*Summary.*—It is now six years since the delusions have ceased troubling her. The recovery is, therefore, scientifically established. The delusions themselves were plainly limited to a single chain of ideas, which were of a single nature. These ideas were psychologically elaborated, and developed gradually on top of a definite experience, namely a disappointment of marriage. The patient sought causes for this, and found them outside herself, especially in the persons of two roomers, who knew her supposed suitor, and who, she thought, had watched and slandered her. Undoubtedly it was on the one hand her irritated mood which gave rise to abnormal ideas, and on the other hand her hatred for the roomers because they had paid but little or no attention to her. This might, of course, irritate a coquettish young girl; as a matter of fact she expressed

herself to her aunt in that manner. The trend of thought itself was an absolutely abnormal one; not the least ground was present to entertain the idea that the man had spied upon, or intrigued against her.

This case, therefore, seems to be a clear example of this special type. The heredity and the peculiarities and eccentricities, the exalted opinion of herself, and the unreasonable tendency to blame others for her own faults, are conspicuous features of the case. With the exception of the paranoid trend, and the bitter, irritable mood, other mental abnormalities were wanting. No manic-depressive mood, or any disorder of ideation or of mental clearness could be established. The course cannot be considered acute, either in its onset or termination. That special stress should be laid upon the psychological development of the delusions is fully evident in this case. The only thing not thus accounted for is the idea that unknown observers stared at, and followed her, but this played a minor rôle.

Case II. Emilie R., forty years of age, single, music teacher. The patient, who had been physically and mentally well until the present time, has an hereditary history. Her uncle died of paresis, two cousins were insane; one committed suicide; in earlier antecedents also, psychoses were present. The patient herself always has had rather exaggerated ideas and is peculiarly reserved; at the same time she is modest and very industrious. She has supported her parents for years by teaching, and has had to deny herself every pleasure. Nevertheless, she has been contented. During the last few years she has overworked, and has felt tired out. She went for recreation to a health resort in the black forest where she felt very well, enjoyed pleasant society, and played considerably in social gatherings. In the following winter and spring, her aunt, with whom she came into contact regularly, noticed a gradual change in her conduct. She became irritable, often cried without sufficient reason, and admitted she did not sleep well. But she continued her duty as teacher as conscientiously as before, but failed in weight and appeared careworn. This change in her became, however, only apparent to those about her after some months, and not till after a year did her aunt learn what had been going on in her mind; none of her pupils had ever noticed anything mentally abnormal.

The story may be related as follows: During the summer residence, as mentioned, she was in good spirits and well liked. She

played a great deal and sometimes till late at night. One night she asked the protection of a middle aged gentleman to escort her to a cottage in which she lived and which was situated some distance away from the main building. When, in front of the house, the gentleman wanted to leave, she held tight to his hand, said she was afraid, and asked him to accompany her a little further through the dark hallway. This behavior was perhaps not very correct, but as she was rather plain looking and never was suspected of being coquettish no one thought anything of it, not even the man himself, who apparently did not speak about this trifling occurrence. She, however, was ashamed of her child-like fear, and worried that she had been too "free," and that it might be construed as an attempt at flirtation. A few days later she talked about it to an elderly married couple who had always been friendly with her. They calmed her, but thought her behavior somewhat rash. Soon afterwards she went back home, and nothing extraordinary happened.

Scruples concerning her actions now made their appearance, and became gradually stronger, and on looking back it appeared to her that the people at the resort had withdrawn from her, and shunned her. The matter was clinched, however, in her mind, when in the following fall the gentleman in question, a farmer and vine grower, sent her a basket of grapes for a present. She was now convinced that he considered her immoral, and she returned the present to him at once. As fate would have it, she met the same man, who had much business in Mannheim, on a ferry boat on the Rhine. He was in company with many other gentlemen, one of whom, she said, viewed her sharply, and as they disembarked, said to the others, "I will not deliver the yeast." Although she said herself that such a statement was absurd, she was convinced that it was an allusion to her, and that he was making fun of her. Ideas of this kind gradually came more often, but were never very numerous, and days passed without any special incident. Then she got the idea that she met certain men more frequently than formerly, on the ferryboat which she used frequently to go to her pupils; she thought they must be spies. Again, sometime later, she observed that in the city as well, similar incidents occurred. She thought the young men, especially some among them whom she knew by sight, looked at her impudently, that others evaded her, and crossed the street from time to time, and what irritated her most, she thought she heard those passing her on the street make insulting remarks about her, such as, "bad woman," "bigoted woman," or "Well I shall be there," a distinct allusion to a rendezvous. Once she heard a man of her acquaintance say, "So I go to F———tal," the residence of her persecutor. Well known

friends, she thought, avoided her, and that people pointed in the street cars at her. It is necessary to note that the patient was markedly nearsighted and usually went about with down-cast eyes, so that in reality it was impossible for her to see the things which she imagined.

In short she finally went on the street, with fear and trembling, and was happy if nothing happened, but she was much wrought up when on other days she heard the things described. It is of interest to note that the ideas of reference were confined to her observations on the street; neither in the house or during her lessons or reading the papers did she see or hear anything suspicious, and so far as anyone could see her mode of life was not changed. But her sleep became much interfered with, and owing to her exalted, proud character, she became very depressed and helpless. The interpretation of the situation was to her mind quite clear. The man in question, ungentlemanly and boorish as he was, had prided himself because of the conquest which he had achieved. As he knew many people in the town where she lived, it became the town talk. Every observation of the nature described confirmed her in her belief.

After a year and a half had elapsed since the experience in the Black Forest, and in spite of all persuasions, she made another absurd move; she asked her landlord to write a letter to the gentleman, asking him to state truthfully whether he had caused the talk which circulated in the town about her, and then by setting the matter aright, to restore her honor, etc. He came himself, was very friendly, and quieted her in every respect, but the opposite of what was expected happened; she thought he had smiled in a peculiar way, and from this she drew all the more the conclusion that he wanted to spoil her good name by such talk as he had originated.

At this time I saw her for the first time, although she resented it very much; she said she was not sick. She told her story volubly, and with great excitement and tears. She was perfectly inaccessible to argument or objections, but affirmed that only the day before had she again had evidences of the continuance of the rumors (she heard two school girls, in passing by, making mean remarks about her), said it was deplorable that her aunt did not believe her, and wanted my assistance only in so far that I should threaten the fellow, by means of the district attorney. Nevertheless she took the hypnotics and sedatives ordered and promised not to work too hard. Soon she opposed my further visits, because she considered herself well.

Up to that time the course of the disease was an ordinary paranoia, but it would be difficult to say whether it were an acute or chronic form. At any rate the development of the delusions was gradual;

after many months, under the influence of certain occurrences (excitement over what she considered an improper present, the meeting with a gentleman on the boat) they crystallized out from the initial ideas of extravagant scrupulousness concerning her own thoughtlessness. Then came the delusions of reference. Hallucinations never occurred. She only put her own interpretations upon apparently correctly perceived words of the passers by.

As to the further course of the disease I have been kept informed by her aunt. Both of us agree that medical treatment and timely interference were effective. At any rate after several months she became quieter, and the ideas of reference on the street became more infrequent. After nine months to a year, or two and a half years from the beginning of the disease, the delusions receded to the background. This patient also did not recognize that she had been in any way mistaken; but she ceased mentioning her delusions, her mood became stable, and she now enjoys good physical health. The relative recovery has persisted for a year and nine months.

This case also shows the typical traits: The heredity and the abnormal makeup, and a definite experience, which troubled her, and directed her attention to a certain person. This person then tries to undermine her good name among his acquaintances on the ground of what was regarded an immoral act on her part. As a result there appear the delusions of reference and delusional interpretations on the street. But these symptoms remain limited. Gradually they disappear after a duration of two and a half years. The development, as well as the disappearance of the delusion formation, was very gradual; hallucinations were absent; the clearness and the capacity for hard work were not disturbed for a single day. The patient was considerably stirred up, but this change in mood was at no time different from such a reaction within the normal breadth. The delusions were psychologically developed on the basis of actual occurrences.

The following case, whose recovery has not been established very long, is somewhat simpler, but I have had the occasion to observe the patient very often.

Case III. Frederick L., wood-carver in a factory, aged forty-nine and a half years. He comes from a family with a moderate hereditary taint. The sister of his grandmother, and a maternal cousin

were insane. The patient has always been well. He was industrious, temperate, uncommonly sensitive, emotional and imaginative.

On November 22d, 1903, he was sent to me by an engineer of the factory, because he had had a quarrel with his chief, without adequate cause, which was all the more striking as he was a very orderly man, and had worked in the factory for fourteen years. However, it had been noticed that for some time his character had undergone a certain change; and it was then learned from him and his wife that he had had delusions for a year and three months, and that these had arisen as a direct sequence of a certain occurrence. During a strike which occurred in his factory he, taking no active part, was, at a mass meeting, accused of treason, and of denouncing everything to the firm. He was not present at the meeting, but when he heard what had happened he became very much wrought up, could not sleep for three nights; the thought of it persecuted him constantly. He had an excited conversation with the man who had accused him and this again stirred him up, all the more so since he is naturally of a very peaceable nature. His sleep continued disordered and he remained nervous. Four weeks later he and his family were in a restaurant, when suddenly he felt oppressed; the room was crowded, and the noise of the guests' voices confused him. It appeared to him that only young men entered the room, and he thought they were secret service men who came to watch him. He suddenly left the room, and when outside became quieter. From that time on he noticed other things, *e. g.,* he often met, when going through the garden of the castle, an elderly gentleman whom he regarded as a judge. With him he often conversed in an imaginary way at night, telling him of the insults he endured from the strikers. When he crossed the bridge on his way to work, he imagined, from time to time, that people were coughing or spitting as they passed him; he became angry, and would look sharply at the people, saying to himself, "Why does the ruffian spit in front of you—you have not done him any harm." Also during work, which he continued uninterruptedly and with undiminished zeal, peculiar ideas often came to him. Thus he thought that his ideas were put into his mind, or when it was too cold in the workshop he thought this was done on purpose. When steam heat was turned on by the machinist he thought this was done by his co-workers because they had read his mind and had ordered the heat to be turned on. When he saw people talking to each other, he was annoyed, and he imagined they were discussing his affairs. All this was intensified by the fact that his hearing had become somewhat impaired of late. Occasionally he noted certain muscular contractures in various parts of his body

and attributed this to electric currents. The same conclusion he drew when he had certain light sensations during a paroxysm of coughing. When people looked at him, he imagined that he was to be hypnotized by them, after he had heard something about hypnotism from his son. One day he refused to telephone to his son in Würzburg, because he thought his son knew anyway through the spies who conveyed his thoughts to him. In the papers he saw notices about criminals, and he imagined that they referred to him, and that his name was only suppressed for the sake of precaution. In that connection he recalled the fact that twenty years ago he had been arrested innocently. Quite often he had ideas about "secret police." On one occasion he heard a passer-by say "police," and he at once imagined that he himself had become a member of the secret police in order to oversee the ordinary police force. When reading about the Russo-Japanese war he somehow imagined, at times, that he took some part, but he was unable to say in what way, and could not further explain the idea.

Placing these ideas side by side, one might imagine that he was suffering from confusion of thought. But it must be remembered that they developed over the long period of eighteen months, and as a matter of fact he worked intelligently, and his ideas only appeared at times; while at other times he was entirely free from them. It seemed as though they came as sudden inspirations, and he always had the feeling as if the ideas were forced upon him, and that he had to think that way at that moment. But he soon began to doubt the ideas, as a rule, and tried to reason with himself, and, especially when he became quieter he sometimes succeeded quite well; in fact he spoke with remarkable clearness and frankness about the matter, but that he suffered from a mental malady never entered his mind. The family, however, for whom he showed great affection, told him continually that this was a disease, and it made a decided impression upon him when I vigorously confirmed this later; nevertheless, he insisted that things might be as he imagined.

Meanwhile, he gradually became more irritable and excited, could sleep only three hours at night, and his strength and his physical endurance at work began to fail. Hallucinations were never present, nor the phenomenon of hearing one's own thoughts. But he would not give up his work, of his own accord, and did this only when he had the quarrel with his superior, of which we have already spoken; he had made a mistake in his work for the reason that he was annoyed because his superior seemed to favor his accuser, and as a result he had an unconquerable antipathy towards him. He became wrought up, everything disappeared before his eyes; he spoke roughly

to his master and refused to do his work over again. From that time on he followed my advice, stopped his work and submitted to treatment. He took long walks, and was given sedatives (codeine and baths), his sleep became much improved, and he calmed down. At times the former ideas returned but were limited to two categories, viz., that passers-by looked at him fixedly, or that things they said referred to him, that they coughed at him, and once he thought that one person stuck out his tongue at him. If he was seen immediately after such episodes, he was found to have a flushed face, talked in an excited fashion, and was unable to relate the incident quietly and connectedly. Such moods would, however, not last more than an hour, and then he would reason with himself and contradict his ideas or at least make an attempt to do so. Only on rare occasions would he speak to passers-by and ask them what they wanted. His ideas regarding his being a member of the secret police were somewhat more fixed—he thought the policemen ought to fear him, and he imagined that he was doing the city a service by inspecting the new buildings, etc., and that he was permitted to go everywhere. Even when he observed a show case, he thought this was a great help to the storekeeper; when on the street he saw a machine from the factory in which he had been employed, he thought that his looking at it helped the firm.

He never acted strangely on the streets, and no one complained about him. He never elaborated these ideas; in a way he stood above them, but at times they came to him with such force that, for the moment at least, he actually believed them. In the course of the Spring he grew gradually better, and evidently profited very much by a six weeks' stay in a quiet country place; while there he showed scarcely any evidence of abnormal ideas, and returned home much improved. The lost desire for work returned, and the irritability towards his fellow worker disappeared. Since September, he has worked regularly, and everything is well. Occasionally, once a week or once a fortnight, he would meet a passer-by and become troubled, but this he soon controlled. The recovery has been definite for the last eight months.

*Summary.*—A wood carver, forty-nine years of age, with some heredity, who has always been fairly healthy, and has not indulged in alcoholic excesses, but is very sensitive, develops suddenly delusions of persecution, and ideas of reference, immediately after a grievance (being accused of dishonorable conduct and treason against his co-workers in a strike), which stirred him up considerably. These delusions limited themselves entirely to a series of momentary suggestions and interpretations of perceptions relative to his fellow

workers, and to passers-by (in the sense of ideas of reference and influence). Very prominent was the idea that he was doing detective service. It is evident that this last idea may be explained by the fact that he was accused of denouncing his fellow workers, and of having spied upon them. However, there is no logical connection between the different thoughts, and we find always similar, but each time new, suggestions arising. But the patient always retained a certain amount of insight into his delusions; they appeared to him as foreign to his own mind, although for the moment they dominated him. Gradually the delusions faded out, just as they had gradually developed. The sensorium was unaffected, and the intelligence unimpaired. Real hallucinations were wanting. The whole course of the disease was about two and one half years.

This case differs from the others in the fact that systematization of the ideas is wholly wanting—indeed we do not even find real delusions, although the patient presented neither confusion nor hallucinations. The ideas of reference or the suddenly arising notions occurred only once in a day or even only once in a few days, and they diminished in frequency if the patient lived quietly and saw few people. They were entirely absent while he was in the country. Finally it is interesting to note that the patient preserved a certain insight into the abnormal nature of his symptoms through the whole course of the disease. His affect was limited to a nervous excitability; his intellect was not affected. He kept at work most of the time in his noisy factory.

From the symptomatic point of view, the case is interesting and somewhat unusual. It can hardly be compared with amentia. From the old simple acute paranoia it is distinguished by the gradual development and the slow fading out of the disturbance, its slight intensity and the lack of confusion. Considering the age, we might think of it as a presenile condition. But the insight and the recovery exclude this assumption. Of the two factors which characterize paranoiac delusions, viz., the suddenly arising ideas, and logical elaboration and systematization, only the former was present.

The next observation will be given in a condensed form.

Case IV. Joseph K., forty-one years old, dispatch carrier. Comes from a family of numerous children but nothing is known about them. For years had been employed as a letter carrier in the country,

and led a life full of privation and hard work. He was temperate, but had a rather weak character. Two years ago he was given a position in Heidelberg; while there he had a quarrel with one of his associates, who, owing to the patient's arrival, felt his chances for advancement were less good, and who apparently had been unreliable in his work. Soon he thought that this man intrigued against him and influenced the director of the post office against him. He began to think he was watched by policemen on the street, and invariably noticed them when he left the post office. In restaurants people stared at him as he entered the room. Since he has come to Mannheim all this has continued in the same way, and he is quite convinced that it is all due to the instigation of his associate. Yet he continued to work, and in fact never made any mistake; he felt nervous, however, and worried a good deal about "the plot." Three years after the onset he became quieter, the ideas of persecution diminished greatly, and he was scarcely troubled by them. In this state I saw him from time to time.

For three years this continued. Then the disturbance again became greater. Delusions of persecution again appeared. He was reproached for offending the Grand Duke. Numerous hallucinations now became prominent. Two distinct persons, who were connected with the court, carried on daily threats against him, one a male, and the other a female voice. He continued to work, but was positive that these voices were real, and that he was persecuted. He demanded protection. In the Spring of last year this new state developed, and there is no evidence of any improvement. In other words a typical hallucinatory paranoia has now developed. But I am unable to say whether there exists any material enfeeblement or not. The whole course has lasted about nine years.

This case presented for years only mild symptoms, viz., ideas of reference, which followed a quarrel with his associate, whom he then accused as being the cause of his persecutions. Then follows a remission which lasts for several years, while ultimately the condition shows a further development in the direction of a chronic paranoia.

Case V. Mrs. Anna N., wife of a whitewasher, aged forty. Some hereditary taint. The patient, a corpulent, animated and excitable person had, until the present time, shown nothing abnormal mentally. Her fourteen years of married life, though without children, had been quiet and pleasant. The first disturbance occurred during the summer of the past year, when a letter for a man of the

same name was sent to her husband by mistake, from a woman of questionable reputation. In the letter, the request was made for a continuation of a love affair. He showed the letter himself to his wife, who was amused over the mistake; but some weeks later she became doubtful about the matter, and was somewhat depressed, without talking much about it. Nine months later a family, who was taking care of an illegitimate child, moved into the same house, while it was said that a loose woman often visited the new tenants. This gave the incipient jealousy new food. The patient thought that her husband was the father of the illegitimate child and that an attempt was made to keep the secret from her. She became excited about it, and pressed the husband continuously to confess to her. At the same time she began to watch the woman at the window and in the hallway, to see where she was going, and in this way spent the greater part of the time. Various suspicious remarks were caught by her, as for example, "He can pay for it" (namely the child), "He should tell it to his wife," "He (her husband) should not have received the city contract," etc. On account of precautions, she thought, these remarks were somewhat disguised, but she was not going to be deceived, and she began to scold the family on account of the talk which she had heard, and in which she saw proof that her husband was the father of the child. During the next five months her relations with her husband became strained and her quarrels with the neighbors increased, and these in turn, partly because they got angry, partly to make fun of her, said and did things to nurse her jealousy. This finally led to law-suits, and the family then preferred to leave her house. Although this did not arrest her quarrels with her husband, she gradually became more quiet. The teasing, and the talks she heard behind her door disappeared, once the unfriendly family had moved out, but the idea that her husband was the father of the child did not leave her, although, in reality, she had no ground for mistrust. Her husband was industrious, had a small but good business, and was temperate. The letter had actually reached him through an error (according to the information of the family physician). She told me everything in a very excited manner, but spoke clearly and coherently. She said she could not get away from the idea that her husband had done wrong. She was very much annoyed when she was told that she was insane, and would not consent to a regular course of treatment.

Information concerning the further course of the disease, I obtained from the family physician. After the family had left the house no new delusion formation took place, but she did not completely master her ideas against her husband. She became, how-

ever, quieter in the course of two years, and the family rows gradually disappeared, and it is interesting to note that in all this time her anger and irritability were mostly directed against the people in the house, among whom she thought was the seducer of her husband, but was not directed against him. She only troubled and worried him a great deal on account of her suspicion, but never treated him as an enemy. Since the relative recovery, a year and a half has passed.

*Summary.*—A woman, forty years of age, of an excitable make-up, who had never shown anything abnormal mentally, receives a cause for jealousy, through a wrongly addressed letter. Then a family comes into the house with an illegitimate child, and she, without ground, sees a connection in this and thinks her husband is the father of the child. She becomes very excited, turns against that family, and thinks herself persecuted by them. She watches the family, and hears in their conversation utterances which confirm her ideas. She keeps at her husband, insisting that he should confess to her. Otherwise, she remains mentally clear, and no other abnormal ideas arise. The effect becomes less in about two years, she becomes quieter, and the delusions pass more and more into the background. Yet she has no insight. Real hallucinations were not present as far as I could establish; she simply misconstrued that which she really heard.

The following observation differs from the rest, inasmuch as we are dealing with a hysterical person in whom, for the most part, abnormal ideas having the character of hysterical or hypochondriacal delusions, to be sure, with a certain admixture of delusions of persecution are present.

Case VI. Mrs. Julie H., aged thirty-nine, the wife of a merchant. Of her family, living in Silesia, little could be learned. She was married at the age of twenty-two. She is said to have had typhoid at the age of seventeen, and since then has been nervous. She remained without children, but had two abortions in the first few years of her marriage. She has for a long time complained of some uterine affection, and for years has had hysterical attacks, with tremor and tonic spasms, and has suffered especially from ovarian pain. Finally, after years of pain, the diagnosis of gonorrheal salpingitis was made, the nature of the trouble being kept from her. Extirpation of both ovaries and adnexa was done in March, 1898. There was transient improvement for a few months after the operation. But the complete cessation of the menses worried her and her nervousness in-

creased after she was informed of the extirpation of the ovaries. Since April, 1899, she has had many hysterical fits with trembling, and suffers from continuous ovarian pain. Mentally she became very excitable, lachrymose and irritable, began to quarrel and complain daily that her husband did not treat her kindly.

After I had treated her for nine months, it was found out gradually what really was at the bottom of these troubles. She imagines that her husband no longer likes her, and wishes to see her dead, because his mind and thoughts are centered upon children. A bitter hatred directed against the physician who performed the ovariotomy manifests itself in endless complaints. She says that while she had visited at her father's home some authority had told her that the operation was criminal and an act of malpractice. In spite of this, every three or four weeks, she has the idea that she is pregnant. Her hysterical attacks she then takes to be labor pains, after which she imagines she has an abortion. She claims to have had twenty-two thus far. Concretions in the stools are looked upon as the passed off foetus. She believes no explanations, or thinks that they are instigated by her husband, who wishes to deceive her. The abortions she says are induced because she is regarded as too sickly to bear a child. Aside from the idea that her husband (who is a little dull but otherwise good enough, and a kind hearted fellow) no longer likes her, she thinks that the servant girls and others in the house are watching her, and that they annoy her and mock her on account of her sterility. Consequently the servants only stay a week or two, or she herself sends them away.

All this might make the impression that the patient was somewhat demented, but as a matter of fact she is of normal intelligence, though not specially bright. In practical affairs she is fully capable of doing the proper things, and she usually assists her husband in the store, and is able to converse with the customers, so that nothing striking is noticed.

The nervous state persisted during 1899 to 1900, the "attacks with abortions" and the complaints that her husband hated her; her denunciations of the physician who operated upon her, recurred very often. Of late years, however, evidently because she gradually conquered the disappointment about the operation, her abnormal ideas subsided, whereas somatic, hysterical complaints, still occur frequently.

*Summary.*—An hysterical woman, thirty-nine years of age, mentally somewhat limited (but not feeble minded) manifests, as the result of extirpation of the ovaries, a marked nervous condition. She imagines she is hated by her husband because she is sterile and is

mocked by the servant girls for the same reason. Nevertheless, she has the peculiar idea that she gets pregnant again and again, and that every time drugs are given her to induce an abortion because she is not regarded as strong enough to have children. She is hysterical, lachrymose, and depressed, but after a duration of this condition for two years she quiets down, without, however, having any insight into the morbid nature of her ideas. The hysterical element of the delusional formation is in this case very plain. The improvement has persisted now for three to three and one half years.

## Second Part.

The six cases thus far related are the only ones I can find in my records of recoverable paranoia (at least the only ones in which I am sure of the outcome) in which, at the same time, I am able to exclude a definite etiology. A few similar but simpler and shorter cases, without ideas of reference, will be described later. Even from this small number, the fourth case, that of the dispatch carrier, must in reality be excluded, because the further course showed that the improvement, though it lasted for several years, was only a remission, and that the further development was that of the usual chronic hallucinatory paranoia. This case would undoubtedly be considered a case of dementia præcox by the Kraepelin school, because a definite systematization of the delusions was absent, and because the whole clinical picture was finally dominated by hallucinations. The initial stage, moreover, was not quite typical of our form, as the psychological elaboration of the delusions was not sufficient. The third case, the wood turner, was also atypical, as has been stated in the discussion of the case; nevertheless, I am inclined to regard this case as a very interesting modification of the disease picture, both clinically and psychologically. As in the other cases we find an external experience which plainly causes and dominates the picture and this has also manifested itself in the more prominent ideas (that of being unconsciously a detective). It was interesting in this connection that he retained throughout a certain insight into the morbidness of his delusions. I believe, therefore, that in this case a peculiar and more rudimentary form of paranoiac delusions appeared than were present in the rest of the cases.

The remaining four cases, while not similar in the content of the delusions, were similar in their symptomatic development, and also in their clinical course, which was surprisingly uniform, lasting from two to three years in all cases. Even the fact repeats itself in each case, that it almost regularly took one year before the delusions were noticed by others, or at least came to the knowledge of the physician. A general sketch of the disease picture was given in the beginning of this article. It will, therefore, be sufficient now, if we bring out the most striking features of the cases which will show that they represent a variety of the true chronic paranoia. Then other types of curable forms of paranoid condition may be compared with them.

This whole group of cases, though rarely observed, has, of course, a practical and prognostic significance. We may say that if an otherwise healthy person, especially a female, begins to fret about a troublesome experience and then develops systematized delusions which do not spread out into other fields, while the patient remains clear, and presents no hallucinations, we have the prospect that the whole disorder will disappear in the course of two and a half to three years. This, of course, amounts practically to a recovery, though no insight into the condition be gained. It should be added that in contradistinction to the paranoia quærulans which might be compared to our cases, there develop here delusions of reference which also are limited or "circumscribed," and which disappear with recovery.

This disease picture I should like to characterize as a mild systematized paranoia. Mild in the sense only of the degree of the disorder of intelligence, not of the disturbance of the emotions, which indeed seems really greater here than in the genuine chronic form.

The few characteristic traits of this group, in view of the relative simplicity which this whole disorder shows, need only be discussed briefly:

1. The mild form is differentiated from the chronic types mostly by its termination. This is also interesting psychologically. What happens is not a recovery in the theoretical, but only in the practical sense; with the gradual disappearance of the affect the delusions gradually recede to the background without, however, being corrected. But they no longer play any practical

rôle, and the persons live and appear as formerly. It is interesting to recall in this connection the fact that the music teacher when a short time ago carelessly questioned about the affair by a relative of hers, again became somewhat stirred up, went over the matter much in the same manner as she had done two years before, or again our first patient who four years after the attack, when again disappointed in the hopes of getting married, consoled herself with the idea that it was the old slander to which she had again become a victim. In other words, these patients take the same attitude toward their paranoiac states as normal individuals would towards an actual yet past occurrence of persecution. This of course disposes of the claim which possibly might be thought of in these cases, that our patients simply hide their delusions as is seen occasionally in cases of paranoia or even melancholia.[8]

Our knowledge of the final outcome of our cases is somewhat incomplete. In the first instance recovery has lasted six years; in the other cases the time of recovery varies between one half to three years. But I do not think that this uncertainty is very important. If the disorder is of endogenous origin we will not be surprised if other attacks occur of a similar nature, if there is a new and sufficiently potent cause. On the other hand, the situation would be an entirely different one, of course, if, as in our fourth case, a chronic paranoia should regularly follow after a remission. Whether this will occur more frequently than would appear from our cases, further observations will have to teach. In the meantime we can only affirm that, so far as we know, the course has been uniform in our cases.

2. It has several times been emphasized that a definite experience, which naturally would cause uneasiness or mistrust, has not only been the cause of the delusion formation, but has also remained the sole object of the abnormal trend of ideas. Marguliés, in a widely quoted article, basing his deductions upon the

[8] It is well known that the failure to acquire insight after recovery is not uncommon. Neisser has used the phrase "residual delusion" and Heilbronner has made a thorough exposition of the phenomenon. In our cases, however, we are dealing with the retention of the entire delusional system.

large material collected in Pick's Clinic,[9] has shown how regularly the paranoiac delusions are awakened by such happenings which give rise to feelings of shame or to uncertainty in the relation to others—thus, the patient may have been dishonest at one time, or may believe he is wrongly suspected or the like. But, in the first place, the incidents which Marguliés gives are often of rather minor importance, and besides his patients soon developed plenty other and more important errors of judgment and hallucinations. In all our cases, however, the experiences which preceded the development of the disorder were of great importance, at least subjectively, and came to attain the rank of what Wernicke has termed "overvalued ideas," which cause the further thoughts to be centered in and around them. In this way we can comprehend our cases. It is not far-fetched to think that the frustration of a last hope of marriage in a woman whose beauty is fading, a hope to which she had evidently clung tenaciously, should give rise to a bitter disappointment and a protracted brooding, at least in a make-up like that of our patient; all the more so when, as was the case here, the supposed suitor leaves in a manner which would naturally wound a woman's self-respect. But here the matter rested. When the chain of false accusations to which her bitter feeling had led her ceased, after the men whom she could possibly regard as spies in her own house were removed, the source dried up.

Again, our second case, the proud, exalted, conscientious woman of forty, an age at which also the affectedness of the old maid begins to show itself, rather naturally reproached herself for taking a comparative stranger's hand at night and drawing him into a dark hallway. For a teacher especially such a conduct might really have had some consequences, and when the man refreshed her remembrance of the incident by sending her a somewhat unusual present, it may be imagined how vehemently she became frightened and annoyed. However, in this case too, no matter how much "proof" she thought she had that the man had circulated stories about her, she did not think that she was accused of other things, and in general her delusion formation did not extend. Nor is it doubtful that in the other cases the

[9] Marguliés: Die primäre Bedeutung der Affekte in ersten Stadium der Paranoia. Monatsschrift für Psychiatrie, 10, 1901, p. 265.

incidents which occurred really did stir the feelings of the patients to a considerable extent. Thus the case of the workman with a sensitive make-up, who was accused of betraying his associates; or that of the woman who opened a letter from a mistress to her husband, while an illegitimate child appeared later in the house; or finally, that of the childless mother who was told that her ovaries had been removed. Certainly these were each time such experiences which a suspicious person might easily elaborate into serious complaints against the person concerned. And this is in fact just what happened. But each time the ideas remained limited to these incidents.

Interesting and important is the fact which I have noticed before in mild paranoiac cases, namely, the effect that an external cause or happening may have on the condition.[10] In the second case, that of the music teacher, the influence of my talk, though not apparent at once, was, according to the judgment of the aunt, quite evident in the weeks and months which followed. The workman (Case III) at once calmed down after he left his shop, and nothing abnormal was observed when he was able to be in a quiet country place. The jealous woman (Case V) lost her illusions about the gossip of the family in the same house as soon as this family moved out. However, the insane asylum is rarely a good place for treatment of such cases, because there are usually enough new irritations in an asylum to take the place of those at home.

It must be added that ideas of reference were always present together with the main idea, which shows that an impulsive and suggestive element of self-reference was also present, in addition to the logical and effective elaboration of the delusions. But these delusions of reference, aside from the third case, also remained circumscribed: In the first case they were limited to the two men living in the same house; in Case II, that of the music teacher, to persons whom the patient knew superficially; in Case VI, to the servant girls in the house, etc.

Hallucinations were always absent; it was always clear that they were illusions—misunderstood and misinterpreted utterances of passersby in the cases where one might have thought of "voices." If it was actually quiet in the surroundings, these

[10] Pick and Gierlich confirm this.

patients never heard anything, not even the third case in which the illusions played such an important part.

3. The course of the cases, as we have said, was a strikingly uniform one; perhaps this was accidental; nevertheless, the average duration of two or three years may have its foundation in the nature of the disorder. But we must not forget that it is difficult to fix definitely the beginning or end of these conditions; it would be especially difficult to say exactly at which time the affect disappeared. One would have to leave a margin of at least two to four months, particularly as one has to rely as a rule upon the judgment of relatives, since the patients usually begin to shun the physician early (because they do not consider themselves sick); and so far as the beginning is concerned we have shown that it lasted for months, and in one patient a year and a half before anyone noticed anything of the existence of the delusions. The fading of the delusions shows itself usually in that the patient rarely speaks about them, and quiets down emotionally.

Further, it is apparent that, without exceptions, four women and one man (as Case IV does not really belong to this group) were already somewhat exalted and sensitive in their normal periods. Their age was usually between thirty and forty, that is the epoch of life when paranoia usually occurs. There was always neurotic and psychopathic taint, or as in Case VI one had to deal with a fundamentally neuropathic nature. All of the cases were markedly stirred up and usually a strong passionateness led to endless quarrels within the family circle. The affect-tone was never simple, but usually consisted of a striking mixture of irritability and depression. Even where the conflict was the patient's own fault, as in the case of the music teacher, she could never get tired of talking with indignation about the "boor," "the vulgar individual," etc. Our first patient never thought that the cause for the withdrawal of the young men could be found in herself. She associated her anger against the two men in the same house with her painful disappointment, and because they had always treated her somewhat coolly, she directed her irritable suspicion against them. This she then found confirmed in the usual manner. The frequent meetings to which she formerly paid no attention, were vigilantly observed by her,

and she was angered every time by them, and the idea that she was dealing with spies was regarded as an established fact. This peculiarity of the emotional state is most pronounced in the case of the jealous woman (Case V). She torments her husband only by her insistence that he should confess his secret. Her anger—without real foundation—is however directed against the family which took care of the illegitimate child, and against which she is embittered at the mere suspicion that her husband might be the father of that child. She collects her "evidence" only later by listening behind doors, and by illusory misintrepretations of caught up fragments of conversation by the family. Our last patient does not worry about having to be childless, but rather the effect this might have on her husband, and about the scornful laughter of the servant girls. And before her husband ever actually made any remarks, she reproached him for wishing her dead, and every little quarrel, which is the product of her own irritability, is "proof" to her that he wishes to get rid of her.

We have, therefore, a peculiar type of irritable depression in which the person blames other people for everything, and shows a constant tendency to suspect an injustice or slander on the part of others. As soon as these people are struck with some adversity which leaves its sting, their suspicion awakens; and I am inclined to think that there is a strong analogy between the character of the querulants and such natures. It is true that positiveness and a quarrelsome selfishness are less noticeable in them than a large measure of over-sensitiveness, with relation to the actions of their neighbors, and the tendency to be easily offended; it is more their pride and self love or egotism which is easily hurt; they have a mistrust and a tendency to assume bad motives in their neighbors. Then there is also present a peculiar lack of discrimination, and it is hardly a mere coincidence that the cases are chiefly women.

The special psychological analysis cannot be fully carried out here, and will be entered into only so far as to clearly set forth the endogenous origin of the delusions. This, as a matter of fact, it seems to me, can be established sufficiently from the two following characteristics of the delusion formation. Firstly, one perceives even more distinctly than in real chronic paranoia, how

the whole delusional development rests on the foundation of real circumstances and how the logical elaboration is preserved. An actual injury leads to grounds for suspicion. These are motivized internally, and are at least possible. Evidence is sought to confirm these suspicions, or this forces itself upon the patient, but it too rests on actual occurrences. The elaboration does not go beyond this, no fantastic creations are added, the patient does not "go after" new injuries and insults for which there is no ground, etc. What is purely pathological is only the manner in which the "proofs" are used, and the ideas of reference become dominant. Secondly, the development of the delusions rests upon congenital peculiarities of character; a marked sensitiveness, excitability, obstinacy and selfishness, have been recognized as characteristics in our patients, and a marked family heredity is as a rule present. The manner in which the abnormal thinking gradually and unnoticeably forces itself from the depths of the semi-conscious to the surface, usually accompanied by increasing emotions, and how finally everything is held to be true long after the emotions have abated—all this bears the earmarks of something that has been created in the mind of the individual, and which is felt and acknowledged by the person as his own intellectual property.

This complete lack of insight, in the face of preserved mental powers and interests, and after the emotional disorder has been conquered, deserves in my opinion special emphasis. In all of these particulars our group is closely related to the curable paranoia querulans.

On what does the curability of our paranoia group depend? Or rather, the opposing question should be asked, on what does the incurability of the usual chronic paranoia rest? It is hardly possible at present to give a satisfactory answer to this very important question, inasmuch as we do not yet know whether psychological or somato-cerebral factors decide the issue. But we have learned the important fact, namely, that an endogenous paranoia is curable when the disease bears the character of a direct reaction to a definite external cause, or, to speak in the terms of Wernicke, if there develops only a single and fixed or over-valued idea; or to put it still differently, if the delusion formation shows no tendency to spread. On the other hand, we

have established the important psychological fact that the intellectual peculiarity which made the delusion formation possible may persist—for the patient is always convinced of the truth of his delusions—the clinical picture, however, and the conduct of the patient, depend on the condition of the affects.

One will naturally conclude that the degree of abnormality in make-up is less marked in our group than in the incurable chronic paranoia.

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In differentiating our cases from other curable paranoid conditions, we would lay stress upon the fact that our cases, just as do those of paranoia querulans, present clearly an endogenous delusion formation. We meet similar conditions only in a small number of cases of chronic incurable paranoia which is the only paranoia recognized by Kraepelin. This endogenous logical character of the delusion is the direct opposite of what Wernicke called sejunction. We are dealing with a continuity of the personality from normal days, just as Loyola remained the same man after passing through his frivolous youthful life to his strong asceticism and gloomy exalted religion of mature life, or as many youthful revolutionists or even anarchists do, who later in life have become reactionaries. What happens here is that at a certain epoch in life there develops an obstinate warped logic, with momentary notions formed under the influence of emotions and which take more and more hold upon the mind on account of one-sided thinking, but no break of continuity occurs, and the trend of thinking does not lose its clear connection with reality—it is the manner of thinking which we find in fanatics and enthusiasts. The epidemic delusions of witchcraft or of anarchism have brought forth delusions of persecution and ideas of reference, without interfering with practical life in the persons concerned.

To show how logical these paranoiacs are, the example of a servant in a manufacturing laboratory may be given. He came from a family with a hereditary taint. His chief became insane, and he imagined that he himself was to be declared insane and that this was made known to him by coughing and gestures, but at the same time he felt his own nervousness in the form of a heart

neurosis—for instance, he had peculiar sensations (as emptiness of the head) when one looked at him. These nervous feelings he did not explain as due to someone who wished to poison him purposely, but as resulting from the injurious effect of continuous handling of aniline in the laboratory. That was for his own advantage, for by that he expected to draw a pension from the company, and he tried to back up his opinion by studying scientific works on the poisonous action of aniline. I believe, further, that hallucinations are lacking in these cases, or at least play only a minor rôle. If they are incurable, then the emotional condition does not disappear and new conflicts and new delusions develop easily enough.

The distinction of endogenous and exogenous delusional formation I hold to be far more important, although it has to be in the main a psychological distinction, than the more widespread conception of systematization. If I am not mistaken, Neisser also lays stress on this. Continuity of thought, clear connection with reality and intact logic are the characteristic signs of the endogenous form which present themselves with the emotional and suggestive clouding of judgment. These characteristics are noticeable from the beginning of the disease, whereas "systematization" occurs later, and is the expression of a part only of the situation. By systematization is meant the establishment of a logical connection between the several delusions, whereas we demand that the original development and further course of the delusions be brought about by logical reasoning, and with logical exactness. The ideas may be fanatical, but they must be logical and conceivable. To be sure if paranoiacs are placed in an insane asylum for years, away from their families and occupations, then their normal thinking becomes more and more limited, as has been drastically demonstrated by monks and ascetics in ancient times. The patients, however, with peculiar odd mannerisms and absurdities would hardly be classed with true paranoia.

In order now to get a clear idea of the exogenous type of delusion formation, we shall briefly consider a small number of cases which, from the standpoint of differential diagnosis, we shall choose from the group of curable paranoid states. We shall purposely select for comparison mild cases, and only such

instances in which the paranoid manifestations dominate the clinical picture.[11] The numerous cases which show other plain manic or depressive traits will be excluded.

Case VII. Leopold S., fifty-eight years of age, merchant, hereditary taint in his family. Twenty years previously he had a period of excitability, which lasted several months, since which time he has been natural and a good business man. He showed no peculiarities and, therefore, his sickness was a great surprise to the family. Lately he had suffered great financial losses, which he could, however, easily bear. Soon he began to have disputes with his wife. Although at the time of his marriage he had been deceived about the financial status of his wife, he had gotten over the disappointment and his married life has been happy despite the fact that they have no children. He became very much excited sexually, and then became jealous of his wife without cause. The latter was forty-eight years of age, abnormally corpulent and strikingly homely and unshapely. He thought she committed adultery with the landlord, who was also well on in years, and as a matter of fact had no liking for her, and never came near her. He quarreled with her for weeks; stayed away from home for whole days; travelled about the city, and finally declared that his wife had poisoned his food. This he told his acquaintances, and disappeared suddenly without saying a word beforehand about his intentions. He promptly appeared at the house of some relatives who lived some distance, without any announcement.

Here, at first, he gave cunningly contrived reasons as grounds for his voyage, as he mistrusted them, but after a few days he told the whole story about his wife, and energetically declined every attempt at reconciliation with her. He was over-active and loquacious, took an unwonted interest in nature, wanted to enter into all sorts of business ventures, which he held would be highly profitable, and from the carrying out of which he was dissuaded with much difficulty. He was expansive and proclaimed himself to be much cleverer than others. At the same time he continued to be mistrustful, spoke about his wife in a whispering voice; always imagined that he was being followed and persecuted by spies; mistook people on the street, and thought that they came from his native town. He never admitted that he was sick, and had no insight into his condition; his mood was partly one of exhilaration, certainly at no time one of depression, and he did not seem to be very serious about tak-

[11] Aschaffenburg has (Allg. Zeit. f. Psych., 52, 1896) called particular attention to these cases, although well known previously.

ing steps regarding his divorce. After travelling about for some weeks to various relatives, and going on various business trips on which he never did anything of any consequence, he took the advice to go to a quiet place in the country. There he calmed down within two or three months. He became reconciled to his wife, who, upon advice of his relatives, had joined him. He gradually regained his normal mental equilibrium, and lost his ideas of jealousy. The whole disorder had lasted nine months. He has remained well for a year, thus far. There is no evidence of any mental enfeeblement. He has always been very moderate in the use of alcohol.

The following is a similar case:

Case VIII. Frida N., thirty-six years old, single. From the age of seventeen she has been subject to weekly hysterical attacks of a cataleptic character. She lived quietly with her mother, and was fairly active. Every few years she has had, without cause, a period lasting several weeks, during which she would curse and swear at her neighbors, who, she thought, conspired against her. At other times she was on good terms with them. For the past eight days she again said that the people in the house had commenced to speak and whistle on the stairs, early in the morning, and that they disturbed her already poor sleep. She also claimed that these people made offensive remarks about her, as for example, "she will have her clothes cleaned to-morrow," which was the equivalent of calling her a dirty person; that her milkman (who delivered milk for years) spoke of her house in a mocking manner as the "old castle," that he even poisoned her milk, and that she had observed how he put some powder in it. She refused to drink the milk.

Such and similar things were uttered in a verbose manner, and in an excited, loud and noisy voice. Long forgotten expressions of her friends were recalled and regarded as intentional and malicious vexations. By her cursing she made several very unpleasant scenes with her mother, and troubled the tenants all day long by her unreasonable conduct. She was at last sent to an asylum, where after three months she returned home well.

In both these cases the manic emotional background is quite evident, and the second is moreover a typical periodic mania. The kind of jealousy which the first case presented, and which showed itself in the fact that he abused his wife before acquaintances, is by no means uncommon, and occurs more frequently (without the coöperation of alcoholism) in women than in men.

The delusion formation in Case VII is confined to one theme as we found it in our first group, and everything, the idea of being poisoned, and of being followed by spies, and the supposition that the wife desired to declare him insane and get rid of him, hangs together with the idea of unfaithfulness of his wife. But there is lacking the continuity of this trend of thought with that of his normal personality, for he had not the slightest mistrust and hostility against his wife when well, and moreover there is lacking all connection with real facts. The delusions had not the slightest foundation, and were perfectly absurd, considering the appearance and character of the patient's wife, but they were evidently dependent upon the sexual excitement which arose with his manic attack. This stamps the delusions as exogenous; they did not develop from simple excitement or irritability, but they presupposed a manner of thinking and feeling which was totally foreign to the personality in its normal state. The exalted mood too, and the lack of foresight in business, do not harmonize with the nature of the man, nor does it harmonize with his delusions, which naturally would have been associated with depression or irritability, a mood which the patient did not present. Finally his inclination towards reconciliation with his wife at her visit is unlike what would be found in a paranoia. Hence the internal harmony between thought and feeling is also wanting during his manic condition. In the second case (No. VIII) also we do not find a continuity of the pathological trend of thought with the normal character of the patient; there was moreover no conceivable motivization of her delusions, nor any systematization. In both cases the recovery was complete and with insight.

Case IX. Anna M., aged thirty-five, single, was always nervous. She lived alone with her mother after the other children were married. Eight years previously she was depressed and downcast for about three months. For the past three or four months she again became depressed, dissatisfied with her circumstances, and began to worry about the future. She said she wanted to learn something in order to be independent, or wanted to marry, a thought which she previously had not entertained. It may be added that she is still well preserved and of pleasant appearance. She began to sleep badly and complained of frequent attacks of sudden apprehension, yet she remained fairly active at her house-work. The main features of the

case were certain peculiar ideas. She claimed that a trivial quarrel with the people of the house had caused them to turn against her, that they were watching her, and were making immoral accusations against her; and similar, hidden, allusions she saw in the newspaper. She was much afraid about being committed to an insane asylum; at all events she tried hard to have everything about her delusions of persecution kept from me. In this connection it is interesting to note that she did not believe the announcement of the death of a friend who died in an insane asylum. She thought it was some scheme and ignored it, although she had personally read the death notice in the paper, as well as a letter from relatives about it.

In spite of treatment her depression, and especially her apprehensiveness increased, though she made a great effort to control herself in my presence. At night she would leave her bed and come to her mother in order to find peace, and ask her mother to promise her that under no circumstances should she be secretly removed. She also feared that she might become insane. It became clear from the few utterances which she finally made that she often misinterpreted what was said in the house, and that she thought people maligned her. Consequently she spoke only in whispers when out of her room, because she thought the people in the house were spying her. After this had been going on for four months, she left her house, and, without giving any warning, committed suicide by jumping into the Rhine.

In this patient, who unfortunately ended by suicide after the disorder had lasted eight months, we find in contradistinction to the others a decided melancholy mood. But ideas of self depreciation or self reproach were wholly wanting, and except for the fear of insanity, the disease was dominated by ideas of reference and vague delusions of persecution. Cases of this sort are not infrequent. The mood is one of depression, and presents no trace of that aggressive irritative affect so characteristic of paranoia, while, on the other hand, the apprehensiveness which is present in this case, does not belong to the clinical picture of paranoia; the delusion formation is here also of an exogenous character. There was no plausible cause for it; for the petty quarrels in a densely populated tenement house, such as that in which she lived, are of daily occurrence, and as for the reproach of immorality which she imagined to have endured, there was not the least actual foundation. Her normal makeup, as was

assured by her relatives, was rather happy and free from suspicion or sensitiveness. The idea of immorality must have arisen from an unconscious association with her sudden desire for matrimony, which may have originated in a mild manic phase preceding the depression. The patient knew very well that her delusions of persecution were looked upon as abnormal, and perhaps herself considered them so. The intensity of the disorder was for months a slight one, so that probably the attack would have lasted a long time. Consequently the general appearance of this condition was not unlike that of a chronic paranoia in its early stages nor were the delusions at all atypical. Hence, that which characterizes such cases and differentiates them from the endogenous forms is, besides the depressive mood, only the mode of development of the delusions.

The following cases belong to a type which is commonly included under the general conception of "acute paranoia":

Case X. Marie N., fifteen and one half years of age. Mother died from an acute psychosis. Patient was normal up to the present time, but eccentric, read many novels and was inclined to be retiring. On top of a chlorosis, she became excitable shortly before the expected menstruation, and thought she saw everywhere persons who persecuted her. She claimed the policemen stood in her street on her account, that when workmen passed her window they whistled to her; that the landlord had her hall cleaned to show her how "sloppy" she was; that in church two women remarked, "Look how she is over-dressed"; that on her way home, some one kept calling softly, "Mary, Mary." A story of a French spy which she saw in the paper, she referred to herself. At night she heard voices; "the cat on the roof." "I will strike her in the face," "She can be had for a mark." She was chiefly concerned over the fact that she heard people say she was an immoral person, and that men visited her. This was because a ballet girl had lived in the same house. Her look was anxious and excited, the mode of speech decisive and positive. She adhered firmly to her ideas. This condition soon passed away, and in three weeks she was the same as before.

Two years later she had another attack of a mental disorder which differed from the first one. She was apathetic, inaccessible, spoke very little, warded off all interference, in a negativistic manner, and appeared somewhat depressed, disorderly, but gave no expression to any delusions; in other words she presented a state of depression

with some katatonic features; this condition gradually improved after a year's duration, and finally, so far as I can learn, it terminated in recovery. The last stage I have not seen myself.

Hence, the case was also a periodic psychosis in which only the first attack showed a paranoid picture.

Case XI. Franz E., aged forty-three, a blacksmith, healthy, temperate, whose married life was happy, who had many children, and who was not subject to emotional disturbances, had for some time before the onset of the trouble, become hard of hearing, which worried him very much. Two month before I saw him, he began to hear voices, and to have ideas of reference, after attending a religious procession. He referred conversations of his fellow workers to himself. He heard phrases, such as "what a man!" "he will be taken to court." In church the minister preached against him, and called him a loafer. For that reason he asked the minister for an explanation, and did the same with his co-workers, so that he made himself impossible at the factory. The papers seemed to write against him; his thoughts were read and he could hear them "outside." Even his children used insulting words against him, and therefore he threatened them. He insisted that the voices were real, because he could hear them just as distinctly as the physician's voice. He thought the reason for these voices might be that they wished to mock his piety since he took part in the religious procession. These voices lasted continuously day and night, even though he appeared able to control himself and be reasonable. He sometimes experienced entire romances. He once heard a shot in a neighbor's house, and he was positive that the latter had killed himself as the result of a quarrel. Another time a very beautiful light entered his room; and on a third occasion, the Grand Duke of Hessen (a voice) appeared and conversed with him for a long time, which, he admitted, was rather singular. At home he became irritated at times, but on the whole he was rather good natured.

After five or six months (in December, 1899) the voices diminished markedly; in the course of three or four weeks he became quiet, recognized the abnormal character of his hallucinations, and was himself amazed that such a thing should happen to him. He remained for some time voluntarily under observation, later visited me at times. He became well and remained so.

It is interesting to note a slight incident which happened shortly before the onset of the psychosis. About three or four months previously the patient, one day, found a strange purse in his over-

coat which hung in the wardrobe among the coats of his co-workers. He at once returned it to the foreman, but he was a little worried, partly because he was afraid they might believe that he obtained it in an illegitimate manner, and partly because he thought of the possibility that a trap might have been laid for him so as to accuse him of the theft. The matter was apparently not quite cleared up, since it was not found out who put the purse in his coat. Now it is very interesting that the patient mentioned this episode only once, an episode which would have been an excellent one for a paranoiac to take up and elaborate—as a matter of fact it played no rôle whatever in his morbid trend of thought.

Finally I may be permitted to briefly outline a case who presented slight symptoms, but terminated unfavorably.

Case XII. Fredericka K., forty-three years of age, married. Has always been well, a homebody, and in every way natural; except for the fact that she worried some about her son's bad standing at school, she had no trouble. Three weeks before the onset of the psychosis she began to suffer from insomnia. Two weeks later she commenced talking in a peculiar manner, appeared excited, cried much and spoke a great deal about her new ideas. She claimed that the people in the house persecuted her, that her husband and eldest son were in the same plot, but she did not treat them in a less friendly manner than before. Then everything seemed to her to have a special significance, and excited her suspicion. In the electric car someone held a child in front of her, and this she considered as a reproach, because she did not wish to have any more children. The scrubwoman in making change had given her a mark more than was necessary; this, she thought, was a trap. Her brother-in-law had recently obtained a position at Darmstadt; this was done for the purpose of spying, because when a girl she had a love affair in that town. The peddler who rang the bell was considered to be a spy. She claimed that a telephone connection had been made from her house to that of her sister in Kreuznach so that the latter could hear everything. Four months previously someone had stolen coal in the house—of this theft she now thought people accused her and she was constantly watched by a policeman with whom the scrubwoman and the servant girl were in league. In spite of her insomnia she therefore refused to have anyone help her in her housework, but preferred to do it all alone. Everything said by persons passing the house was taken to be an unfriendly allusion to her, even such a remark as "It is nice to be able to remain at home." Since this trouble

she has rarely left the house, has attended to her work, has spoken of little else than her various ideas, is suspicious of everybody, even those in her own home, and cannot be reasoned with. She has no interest in anything outside her own grievances, and her intercourse with friends has practically ceased. However, she has not specially correlated the different ideas, and she evidently does not know why she is persecuted from all sides. It is quite impossible to talk this over with her. The excitability, the affect has really diminished as time went on, yet her abnormal ideas, which thus far had lasted for two years, were *in statu quo*. I am not able to affirm, with certainty, whether hallucinations were present or not.

We have placed side by side a series of different clinical forms of paranoiac states, in which a specific etiological factor could not be found. In these the delusion formation was either one in which the ideas were essentially grouped around a single topic, as for instance, the jealousy in Case VII, or the slandering in Case IX. In the other patients we find a variety of delusions which are only loosely connected or which are wholly independent of one another, and which follow either definite hallucinations or are immediately connected with accidental happenings. The idea of persecution is evidently in both types not founded upon a logical idea, but upon a general trend of feeling. Nowhere were actual conflicts of a fundamental significance. Even in the case of the blacksmith (XI), the episode of the purse made no impression upon him; this episode would have been a fertile soil for systematized delusions in a suspicious individual. Logical reflections, as well as real conflicts with the environment, were wanting in the development of the delusions, and we are unable to find a continuity between the delusions and the thoughts of the personality in the normal period; we fail to discover the steps which lead to the fully developed disease. For this reason the beginning of the condition is usually fairly sudden and when recovery takes place it is complete and then signifies the return to the normal mode of thinking. The case who did not end in recovery (XII) does not essentially differ systematically from the conditions found in the young girl (X) who was well in three weeks. So far as clinical interpretation, the classification of the curable cases here related, is concerned, I do not see how we can escape from regarding them as belonging in the group

of manic-depressive insanity. The course, so far as the principal features are concerned, the good recovery with the return to the former mental state, the strong tendency to recurrences in the great majority of the cases, speak in favor thereof, and especially convincing are such observations, as that of Case X, in which there was an attack of acute hallucinatory paranoia, and two years later a melancholia with apathy and without delusions.[12]

The attempt to separate the curable, exogenous, paranoiac states from the (curable and incurable) endogenous ones scarcely touches, however, the real issues in the present discussion of paranoia. The difficulties arise in the attempt to circumscribe those forms of chronic paranoid states which Kraepelin does not regard as belonging to the genuine paranoia and which he classes under the heading of dementia præcox. But the much simpler problem, with which we here are chiefly concerned, is in need of more definite presentation, since a clear-cut separation is an impossibility. The problem too of the acute paranoia has often been discussed and most ably of late by Köppen.[13]

Not to be too exhaustive, I will here make only a few brief suggestions. It appears to me that the difficulties lie not only in the inexact character of any clinical or symptomatic criteria, which applies of course equally to the conception of endogenous and exogenous delusion formation; but also in the fact that the predisposition is not as schematic or simple as may be gathered from the typical cases. The two main factors in the development of delusions, namely the logical and affective formation of judgment on the one and the impulsive or suggestive delusions of reference on the other hand, are in reality found associated in all forms of paranoiac states, and as a rule it is simply a question which predominates. At the two extremes, or as our examples show, in the majority of cases, the distinctions are sufficiently obvious; in the disorder which we call mild paranoia the logical element undoubtedly predominates, and ideas of reference play the rôle of confirming evidence only, *i. e.*, the patients observe

[12] Bleuler: Ueber periodischen Wahnsinn. Psych.-Neur. Woch., 1902, p. 121.

[13] Köppen: Ueber akute Paranoia. Allg. Zeitschrift für Psych., 56, 1899, p. 637.

those things which they think they ought to find out. In all the exogenous forms, however, the delusions are autochtonous, impulsive, not the result of a logical elaboration and the logical reflection only plays over it as it were, in vague suppositions, as, for example, when our young patient (Case X) said that people thought and spoke ill of her because she was mistaken for a ballet girl who used to live in her house; or when our blacksmith (Case XII) stated that "perhaps" he was mocked because he had taken part in a religious procession. Nevertheless all these quantitative relations may shift, and so we have regarded the third case as a mild paranoia, in spite of the fact that he presented scarcely anything but "impulsive" ideas which, however, did not have the usual powerful effect; and in the same way we may find now and then, especially in depressive conditions, that real conflict and the logical reflection may predominate, whereas the condition is otherwise of an exogenous nature.

Secondly, so far as the predisposition is concerned, it seems that all that is needed in the endogenous paranoia is that a protracted irritability is added to the original suspicious and exalted makeup. In other words, it would suffice for the development of a paranoiac state that in a predisposed person marked conflicts with the environment produce a prolonged state of fretting and irritability. But we also have to conceive that the makeup, the predisposition, may be far from simple, so that individuals with paranoiac predispositions may develop an acute psychosis, or even a dementia præcox. We must admit that in this way very complicated disease pictures may occur somewhat of the nature of that seen in a case described by Freyberg;[14] and further that in the midst of the regular endogenous delusional development an acute psychosis, often perhaps a dementia præcox, may develop, etc. If that is so, it must be recognized how difficult it is to establish absolute systematic boundary lines, especially from the etiological standpoint. I agree therefore with the opinion of Wernicke, Köppen and others, that all we can do at present is to establish a number of clinical types, without expecting to be able to make every case conform exactly to such a type. In not a small number of cases we will have to admit that they are com-

[14] Freyberg: Ein Fall von chronischen Paranoia mit Ausgang in Heilung. Allg. Zeitschrift f. Psych., 58, 1901, p. 29.

plex and atypical in their course as well as in their symptom picture. All the more it will be necessary to establish clear types, and Kraepelin deserves the credit for having set apart the new type of dementia præcox paranoides, and thereby to have limited more strictly the type of true chronic systematized paranoia. But I am inclined to think that he overestimates the frequency of the dementia paranoides by putting the majority of the complicated cases into this group. I have been struck by the fact that in a patient who is undoubtedly to be regarded as paranoid dementia præcox—presenting after an acute onset numerous uncorrelated delusions with a diminution in the affect in the course of some years not accompanied by improvement, that in such a patient we may find for years before the outbreak of the psychosis a markedly suspicious makeup. The young merchant whom I have in mind had for years imagined repeatedly that trifling mistakes in his accounts were regarded as defalcations on his part; he believed that his records were secretly gone over by his chief, and had twice given up a good position on this account. He had a bad heredity, but was intelligent. Hence, I would argue that in this case we might have had a genuine chronic paranoia just as well as a dementia præcox paranoides, had not the grave acute psychosis developed instead of a simple fretting and excitability.

The multiplicity of endogenous paranoiac states is not exhausted by these two types mentioned. There is another form of a milder character still, which also develops on the basis of a paranoid makeup, and which, without visible boundaries, passes over to ordinary eccentric characters. In these cases, that which is the most striking pathological feature of the paranoiac states, the ideas of reference, are wanting. We must devote a few words to these cases, partly because we here meet with the mildest forms of the genuine chronic paranoia, and partly because just here it is of practical importance to throw some light upon the difficult question of separating simple eccentricities from truly pathological states. As a uniformity of opinion concerning the clinical conception of paranoia, in any of its separate groups, has not yet been reached, a uniformity of opinion is scarcely to be expected in the discussion of abnormal makeups, especially regarding the mildest and simplest forms. We have therefore

purposely refrained from analyzing the paranoiac character, and have sought only to show that in the endogenous forms the manner of thinking and feeling during the normal and abnormal period present an inner relation and evident continuity. We shall therefore here again confine ourselves chiefly to the description of the psychoses. It is well known that in conditions of psychopathic inferiority, or in states of moderate mental weakness of one kind or another, delusions of persecution, of jealousy, or of the grandiose type, are of frequent occurrence; it is moreover a matter of common experience that the first mentioned delusions are often met with in presenile and alcoholic psychoses, and, as we have seen above, that analogous conditions are met with in the mild forms of the circular and periodic psychoses which have been termed "folie raissonnante." Even in the beginning of a severe psychosis, such as general paresis or dementia præcox, we may find for some time an aggressive, discontented, suspicious trend. The question now arises, does there exist in addition to these comparatively numerous sources of mild paranoid states still other sources—and if so, are we able to exclude in a given case the sources just enumerated. The most important question is again this: Are we able to demonstrate a specific makeup, a specific peculiarity of the affectivity which, as in the genuine endogenous paranoia, only furnishes the disposition for the characteristic paranoiac errors of judgment, while in other respects the mind, more especially the intelligence, is normal. As a matter of fact, the curable type of paranoia quærulans represents such a form of paranoiac development in which the delusions follow an external cause or conflict and in which other mental abnormalities, especially ideas of reference, are wanting. While Kraepelin has recognized the existence of this disorder, other authors have also insisted that such originary and specific forms exist; more especially has this been claimed for conditions characterized by delusions of infidelity, while the usual etiology found in such cases could be excluded. Brie[15] and Wahlert[16] have recently published interesting contributions upon this question. The English author Head describes a frequent

[15] Brie: Ueber Eifersuchtswahn. Allg. Zeits. f. Psych., 58, 1901, p. 769.

[16] Wahlert: Ueber Eifersuchtswahn. Diss., 1903, Ref. Neur. Jahresb., 1903.

mental state which is characterized by ideas of persecution and suspiciousness occurring in patients who suffer from chronic abdominal disorders; and so experienced and careful an observer as Pick[17] agrees with him so far as the cases are concerned, but lays stress on the fact that psychopathic predisposition is also required.

I myself, in my recent article on "Neurasthenic Melancholia," have called attention to such border-line states[18] between nervous and mental disorders, and have reported briefly two cases which seem to me to belong here, while I described chiefly the occurrence of melancholic delusions in neurasthenia. But it is very striking to me how relatively few cases of these simplest and, one might say, most natural delusions have come under my observation in private practice, when care has been taken to exclude all those in which one of the previously mentioned etiological factors was present; while on the other hand we often come across cases of abnormal jealousy, or ideas of grandeur in otherwise mentally normal individuals, in the newspapers or in daily life; and many of the delusions which have appeared in history, at least those in fanatic leaders, must surely depend upon similar mental processes. It seems moreover probable that we have to assume special mental constitutions, not only in the persons who took part in witchcraft, but also in anarchists and especially in the modern religious epidemics which often end in murder or self-mutilation, and finally in the repeated examples of so-called psychic infections (which I myself have observed in three cases). So at least one would think, and therefore the accurate investigation of these simplest forms of delusions are of great interest to the historian as well. And yet, for all that, I believe that a specific paranoid makeup is not frequent, because in the majority of the cases referred to one meets either the influence of strong suggestion, as in the epidemic delusion formations, or, in cases which appear by themselves, we are apt to find pronounced signs of psychopathic inferiority or of mild mental enfeeblement. And yet such a conclusion may not be quite safe. As a matter of fact, in the course of many years of practice, I

[17] Neur. Ctbl., 1902, p. 1.

[18] Keraval, L'Idée fixe. Arch. de Neurol., VII, 1897, Juli, contains a number of examples to which I shall refer in a future paper.

have seen hardly more than a dozen pure cases of the type I have now in mind; still I feel that they come relatively seldom to the notice of physicians since their delusions do not lead to external conflicts, in contradistinction to the cases of paranoia quærulans which otherwise resemble these cases. It is possible that other physicians may have different experiences; thus Brie claims that he has found delusions of infidelity relatively frequent.

I shall now describe some selected cases, in which the delusions appeared episodically, or in shorter or longer attacks reached a fairly marked degree of intensity, and which regularly followed upon definite external experiences and were logically elaborated. Otherwise these persons were, as stated, mentally normal so far as I could judge.

Case XIII. Julius M., forty-six years old, a small official, was born in Posen, eastern Germany; other members of his family are fairly nervous. The patient is moderately well nourished, but markedly neurasthenic and hypochondriacal. In make-up he is described as bashful, reserved, and somewhat awkward, at the same time extremely sensitive, conceited, very easily offended, suspicious, and poorly balanced. His intelligence seems to be moderate. For years the patient complained of various nervous disorders, mostly of various paresthesias, and at the same time has usually apprehended some serious illness, such as pulmonary tuberculosis, impending heart failure, apoplexy, or carcinoma of the bladder. However, he could usually be reassured by an examination. Greater trouble arose from certain rather obstinate phobias; he was afraid to appear ridiculous through some clumsiness or forgetfulness, some laxness in dress, and he was shy and embarrassed even in the presence of children. Again, he had outbursts of anger without adequate cause and he stammered when excited. He had erythrophobia and actually did blush at times.

But the chief worry which occupied him for about a year was the following: Two years previously his engagement was broken by his fiancée; this excited him considerably at the time. Then as he felt that he could no longer eat in boarding houses on account of his "poor health," he took a niece in his house and a year and a half later married her. After leading a happy married life for a while he began to think that he was being accused of having been forced to marry the girl because he had had sexual relations with

her, yet the first child was born in proper time. He became convinced that the whole town talked about it, that wherever he went people made malicious remarks about him; that even the superiors had been incited against him. Then he began to think that for a long time he had been mistreated, slighted, teased and provoked by his colleagues; that his acquaintances avoided greeting him, or answering his greeting, that being a stranger he was considered inferior. Whenever he went anywhere he noticed that conversation ceased, evidently he had been discussed. What others who were born in the place attained in a few years, he claimed, took him twice or thrice as much time, such as getting an advancement or raise in salary. Even the children mocked him. Such were his endless complaints, and he declared that all these annoyances, false accusations, etc., had robbed him for months of his rest day and night, while he was in an especially bad predicament since, as he said, he could not in his dependent position make any demands for his rights.

All these complaints were unfounded. He was everywhere well treated, was comfortably situated for one of his station; no investigation was ever carried on against him, and only his morbid sensitiveness and shyness of people had inspired his ideas. His suspiciousness caused him to ask, at every visit, that the physician should exercise his deepest discretion. In general, however, he is a harmless and kind hearted person, but rather weak. He has not committed any foolish acts, so that in all probability only few persons knew about his delusions. In a year the ideas faded and for the past six years no similar delusions have appeared.

Here we are dealing with a marked psychasthenia, but not a real psychopathic inferiority. The following case, on the contrary, may be so regarded. I shall mention this case because the mental disorder developed exclusively along lines of ideas of being antagonized and badly treated:

Case XIV. Mrs. Anna R., the wife of a mayor, thirty-four years of age. Her brother was a good-for-nothing and a spend-thrift, and he has been sent to prison on account of an act of violence. She has been married fourteen years, but since her marriage has been full of pretensions and self willed. She was soon in conflict with her mother-in-law whom she declared to be bigoted and avaricious, though good natured. This evidently respectable woman was forced out of the house by her, which led to internal estrangement on the part of her husband. Since then she declares that she experiences a regular feeling of terror whenever she sees her mother-

in-law. She had frequent spats with her husband, objected to his methods of bringing up their children, accused him, to friends, of having relations with the servant girl, and quarreled with them if they tried to justify her husband. Then she began to find fault with her husband's assistant, charged him of intrigue against her and of trying to turn her husband, of whom she really was fond, against her. She tried to have him discharged. Finally she claimed that various acquaintances maligned her.

Thus, for the past two or three years, their matrimonial life, without there being any really serious conflicts, has become more and more troubled, all in consequence of her ungrounded jealousy, of her inability to get along with her mother-in-law. The husband, who evidently has handled the situation pretty sensibly, was about to divorce. Yet, withal, the patient is not ill tempered, though somewhat overfond of pleasure, but not idle. She said spontaneously that she was sorry to experience such fear and timidity of her mother-in-law, but she affirmed that she had good grounds for mistrusting her husband's fidelity, and that her husband had not sufficiently protected her against the intrigues and slanders of the above mentioned assistant and some acquaintances, whom she claimed influenced him against her. At the interview she appeared less excited than set in her views. In general, apart from her domestic difficulties there is no abnormality and the patient is not, as a rule, hard to get along with, but she is not specially intelligent. She presented at no time any evidence of delusions of reference and the like.

The following case, with an episode of delusions of jealousy, is very instructive:

Case XV. John E., laborer, thirty-seven years old, came under my observation in 1902. He had been previously healthy, industrious and robust. He complained of a localized neuritis in the right thigh, and slowly developed a moderate atrophy of the quadriceps; later he had attacks of intercostal pains. After six months the affection came to a definite standstill, and the atrophy of the right thigh improved gradually under electrical treatment. His married life was happy and undisturbed, although a child was born before marriage. At the end of September, on account of his general nervousness and insomnia, it was necessary for him to go to the country. On his return he learned from his brother-in-law that in his absence a countryman of his, with his two children, had stayed over night at his house. It does not appear that anything happened for which the wife could have been reproached, but after having

heard this he soon became excited about it and developed a marked jealousy. He reproached his wife and refused to believe her assurances. Then he moved his bed to a neighboring room, and here he stood watch for two nights, armed with a big knife, not, however, without having warned his wife of what he was going to do. In the middle of the night he entered her room, was certain that he had heard a strange man there, who had had sexual intercourse with her. He claimed that she had lain on his own drawers on which he found traces of fresh semen, and that she had shown, by her appearance, that she had had intercourse. He created a great noise and uproar for hours, and the same disturbance was repeated the subsequent night, but in a milder form. No reasonable arguments could influence him; he admitted that it would be foolish for a woman to receive a man under such circumstances, but said that she did it for that very reason, that she had always been a little gay, that he was quite sure she had had another child before marriage (incorrect), and that she led a rather immoral life while still working.

For the next two weeks he was very much irritated, quarreled with his wife, and his sleep was poor. Then he became quiet, began to work, and the domestic quarrels ceased. But at no time, even to-day—two years later—will the patient admit that he had been in error. The only thing that he would concede later was that the matter was not wholly cleared up and that, therefore, it was advisable not to speak about it. I could make no impression on him regarding the matter, though he gradually became grateful and devoted to me. I may add that I took pains to inform myself about the trustworthiness of the wife and found his suspicion was wholly groundless. Aside from this episode the patient is a quiet, sensible and orderly man, but somewhat exalted. Mentally, he remained normal, as I have learned from repeated recent conversations with him. Family heredity cannot be demonstrated. He indulges in alcoholic beverages in moderation.

In this man, whom I fortunately knew a few months before the onset of the psychosis, I was able to exclude positively any mental abnormality at that time; he merely presented an ordinary nervousness, caused by physical disturbances as well as in pecuniary worry. To this was then added the uneasiness about the rather unguarded action of his wife, about which he was moreover informed in a disagreeable manner. But in the two weeks that followed he was changed, and with his insane ideas of jealousy, his absolutely inaccessible obstinacy, and his excitement, he presented a totally different picture from his normal state.

It might be added that in spite of his excitement he never ill-treated his wife. Since that episode the patient has not presented any delusions. As it is well known that such transitory disorders are very often seen to arise on a definite etiological basis, such as alcohol or epilepsy, it is important to note that similar disorders may arise in certain characters on the basis of an ordinary nervousness.

The following case of jealousy corresponds to the usual type, such as we frequently find in a milder degree, in everyday middle class life:

Case XVI. Theodor B., twenty-six years of age, agent, previously healthy. He is said to be of a choleric disposition. He is temperate and hard working. As a beginner without means, he had to strive against many difficulties and troubles after having established himself in business; therefore, he became nervous. About six months ago he married a remarkably pretty woman, who was of good character, gentle and trustworthy. This he himself recognized, and at first he directed a certain kind of jealousy only against his mother-in-law, to whom he is under a great obligation for financial support, which she rendered to him before his marriage, and which made it possible for him to establish his business. This mother-in-law is a kind woman with whom it is by no means hard to get along, yet she is unwilling to submit to his petty domineering ways. As a result he has had a number of outbursts of anger on slight provocation, in which he raged and finally broke down crying and sobbing. Then he accused her of being jealous of the love of his wife, of trying to infuriate him so as to show him off to bad advantage before his wife, and of interfering with his business, and spoiling his credit. He did not rest in peace till he made her leave the house, in spite of the fact that this was a great hardship to both women. Shortly after he began to persecute his wife with petty jealousies, would not permit her to go out evenings or even in the day time without his knowledge and permission, and if he did not find her at home when he returned unexpectedly, he talked and thought himself into a terrible passion, cursed and swore at her, and finally demanded that she should confess her wrong, and ask his forgiveness. Through his rude tyranny he naturally aroused such a strong aversion on the part of his wife, whom he loved passionately, that she was unwilling to put up with such conduct unless it were due to an abnormal irritability and not merely to a fault of character. At the same time she was somewhat afraid that he might

become dangerous and use violence against her. But when one listened to his side of the story he was always right. He claimed that it was necessary to guard his wife because she was so beautiful, and that it was not right on her part to frighten and irritate him out of sheer obstinacy because he was constantly tormented with doubts when he did not know where his wife was. He blamed his mother-in-law for inciting her against him and he considered that he was therefore justified in not permitting her to visit the house often; he had to be spared since he had other troubles and worries. In short he saw everything with his own eyes, and could not conceive how it was possible for his wife to have her own ideas about the matter. At the same time the patient is intelligent and polite, and according to his own statement he has had no other quarrels, and especially in his business no unusual disturbances. He presents no general moral defect. Gradually his relation with his wife became a more peaceful one, mainly as a result of the latter's yielding.

Another case, which it is not necessary to give in detail, was that of a locksmith, age forty-two, of steady habits. He has tormented his wife for about a year with his wholly groundless jealousy, which did not allow him to rest day or night. This jealousy arose in the following manner: First, he knew that he could not have any more children because he had been suffering for years from an inflammation of the testicles; but his wife being troubled frequently with distention of her bowels, which greatly enlarged her abdomen, he regularly imagined that she was pregnant by another man. Secondly, his wife on account of pecuniary reasons had taken a girl who was pregnant into the house and had delivered her. This was the first thing that caused mistrust and jealousy in him. The gossip of the saloon helped to increase his ideas since he had been foolish enough to mention them. His wife had to swear again and again that she was innocent, and finally he did not believe her any way. Formerly he was somewhat exaggerated in his opinion, but peaceful and a good worker, who got along nicely with his comrades.

He is of normal intelligence.

These cases are therefore quite uniform. We have persons of normal intellects and otherwise not psychopathic, who present "fixed ideas" in the old sense, and "overvalued ideas" in the sense of Wernicke. The same error of thinking is evident in all; the purely subjective suspicion or mistrust against another

person becomes a subjective certainty after a definite experience has excited the patient strongly, and has filled him with the idea. But in every case the patient did not bring forth proofs, as our last case demonstrates perhaps most glaringly; for the pregnancy of the unmarried girl, and his own sterility, could not do anything more than direct his thoughts to the possible unfaithfulness of his wife. Nor were the delusions based upon ideas of reference, and this distinguishes this group from the mild genuine paranoias which we have previously discussed. They conform however to the type of hypochondriacal ideas, to delusions of invention and to paranoia quærulans, which seem to depend upon analogous thought processes.

The content of the delusion formation in our cases was not only that of jealousy, which has been mostly emphasized in literature, but delusions of being slandered, of being persecuted, and of being badly treated are also present[19] just as in ordinary paranoia. The course was episodic, the onset and the termination were gradual and the patients did not reach a condition of insight into the abnormality of their states. But in the case of the workman (No. XV) the attack of jealousy was very short, only of two weeks duration. It was an attack in which in spite of preserved mental clearness and without their being any alcoholic etiology, the most absurd delusions were produced (as, for instance, that his wife committed adultery while he was watching in the next room), and he did not correct his ideas later.[20] Aside from this case, which was observed for a long time, our knowledge regarding the course of these conditions is rather meagre,

[19] Other more singular fixed ideas may occur. I have had lately to deal with a fifty year old man, intelligent, temperate, and otherwise mentally normal with good intelligence, who for the past nine years obstinately retained the wholly erroneous idea that his wife accumulated a capital from the income of the store, and kept it secretly for herself. He has already sued some neighbors twice for money which, he said, they were keeping for her, and naturally his charges before court were rejected. He has had no other difficulty with his wife and lives in good circumstances.

[20] Ziehen has recently (Monatssch. für. Neur. u. Psych. Bd. 10, 310) under the name of an eknoic state described a peculiar clinical picture of an ecstatic emotional state which led to delusions. But since his patients were mentally confused, they cannot be compared with the cases which we have here described.

because they rarely undergo a regular course of treatment and because the opinion of a physician as to the nature of the peculiar notions is rarely asked more than once or a few times. The duration of the conditions seems to fluctuate according to the external circumstances. Yet a disappearance of the symptoms, besides in Case XV, has also been in Case XIII, and in this case has thus far lasted for six years. The latter case was by the way one of those instances of compulsive ideas to which, later, delusions were added, although the two sets of symptoms had no obvious connection.

Only a few words more regarding the general significance of the cases. Do they actually prove that which we meant to show? Do they demonstrate, as many authors have claimed, that on the basis of an abnormal affective makeup delusions of the simplest kind may develop without the persons being otherwise mentally abnormal or psychopathically inferior? These cases are distinguished from true chronic paranoia by their episodic character, and the absence of delusions of reference. The latter also distinguishes them from our mild paranoia. On the other hand, the degree of the judgment defect is greater than that found in the so-called epidemic delusions, and differs from them in that the potent factor of suggestion plays no rôle in them. On the contrary the persons stand in opposition, and in continuous strife with the judgment of their surroundings, or indeed with anyone who is capable of judging; nevertheless, their faith in their own judgment is unshaken, they are not even capable of subsequent correction, at a time when the conflict is no longer acute. It is just this great inner conviction that is pathological, in so far as a plainly false judgment, a mere suspicion is raised to certainty, and in so far as these patients turn a deaf ear to all argumentation, and yet have not the slightest external support for their own opinions.

Now it seems to me obvious that we may just as well have a fanaticism of suspicion in a person who presents otherwise no disorder of intelligence, as we often find a fanaticism of faith or of religious or political hatred. To be sure it is difficult to demonstrate by means of clinical histories that our patients showed a normal intelligence. But there seems to me to be sufficient evidence for this in the fact that they were able to ful-

fill their tasks in everyday life, and that no one ever regarded them either as mentally weak or even as especially dull; indeed Case XV had an intelligence that was above the average. Again it appears to me that the delusions of the imbeciles frequently present certain peculiarities. While, in our cases, the reasoning is warped and stubborn, it is in the main consistent and logical. In cases of imbecility, on the contrary, we find often a striking absurdity of their views, and not infrequently also a lack of internal coherence. Thus Wernicke[21] has cited a case of an academically educated, mentally inferior teacher, who demanded the most senseless things of his wife and made the most outrageous statements about her. As for one example among many, he said she called for help when he attacked her, and choked her, simply to reveal to the servants their conjugal discord, and in that way have it spread broadcast. A student of law, aged twenty-four, who seemed quite unable to get ahead in his preparation for examinations, and who did not get beyond a very childish grasp of the problems, who furthermore suffered at that time from epileptic attacks, had to give up his studies and was given a very nice, though unsalaried, position as clerk in a large factory. He claimed at once that it was simply done because his mother, who was kindness herself, grudged him his existence, and wished to vex him with all her powers. But, as much as he scolded about the matter, he remained in the same childlike relation to his mother, and trotted like a little dog after her to talk to her, but he only reiterated again and again the same trivial argument, *i. e.,* that he had been made ill on purpose because in his vacation he had been exposed to the noise of a school of music next door, and had not been allowed to build up a wall which would have reduced the noise. Nevertheless he began to work in the factory without resistance. We might add that he had just enough intelligence to pass the final examinations at the gymnasium.

On the other hand there seems to be no possibility to find a dividing line between our cases, and those of abnormal affective makeups which are not pathological. Prejudice of itself, and the influence which passion exerts upon it is a normal manifestation, and we must satisfy ourselves with the fact that relatively

[21] Wernicke: Der Fall Müller. Allg. Zeitschrift f. Psych., 55, p. 449.

strong emotional clouding of judgment which is kept up for some time without insight is rarely observed, so long as suggestion of other, stronger personalities is not present; and that such natures are met with more often among persons with a neuropathic predisposition or persons with a bad heredity.

Clinically, the two groups of disorders which have been discussed in this paper, are evidently closely related to the genuine endogenous chronic paranoia of Kraepelin. However, we are then not able to apply the definition which Kraepelin gives to our mild cases in its entirety. He states that by paranoia is meant a disorder in which there is an insidious development of a permanent unshakable system of delusions, while at the same time the patient remains clear and there is no formal disorder of ideation. But in our cases the development is not insidious nor are the delusions permanent and unshakable at least in the sense of remaining active. However, Kraepelin's paranoia and the mild forms of paranoia are alike in that there exist no formal disorders of ideation; indeed we often find that for days the paranoic ideas show themselves only occasionally, and that for the rest of the time the patient is occupied with normal and profitable activities. Secondly, it seems probable that the paranoiac formation of judgment does not rest on newly developed mental traits, but that primary anomalies of thinking and feeling reach a more marked development when the person for some reason or other gets markedly stirred up. This second criterion cannot be easily proved by the analysis of the character of the patients in their normal days, but it was possible to show how logically as well as affectively, the delusions were gradually developed in these persons. It should be mentioned especially that in all cases conflicts were present, which were the starting point of the delusion formation, conflicts which plainly stirred the patients' feelings, while the ideas of mistrust referred to them and remained confined to them. No new pathological content was added, only the manner of making certainties out of mere suppositions was abnormal. Finally the delusions persist uncorrected in all cases.

These two or rather three characteristics cannot be covered by the phrase "degenerative disposition" in the sense of Magnan, according to which concept the paranoiac predisposition is simply regarded as similar to the so-called psychopathic inferior-

ity. I think, however, that the term "endogenous delusion development" is especially appropriate for these delusion formations which start from within, so to speak.

We have then the following three forms of endogenous delusion formations: First: The delusion formation, once started, progresses slowly but irresistibly, and the affect does not again become calmed down (genuine chronic paranoia). Second: The delusions remain confined to the conflict, but the delusions fade again and the affect disappears within a space of a few years. Third: We have nothing more than clouding of judgment of a simple kind and ideas of reference are few, or entirely wanting, conditions which for the most part run an episodic course.

We have in this paper frequently referred to two different delusion formations—the impulsive delusions of reference, and the logical—affective clouding of judgment. We shall discuss these two fundamental forms psychologically in a later publication, and may then be able to make many points more convincing than has been possible up to the present. We shall then also try to consider the characteristics of the paranoiac mental predisposition, which has never yet been described in detail.

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